



# International Abstract of Surgery

SUPPLEMENTARY TO

Surgery, Gynecology and Obstetrics

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## CONTENTS

I	Index of Abstracts of Current Literature	iii
II	Authors	iv
III	Collective Review	16
IV	Abstracts of Current Literature	760
V	Bibliography of Current Literature	6186

## ABSTRACT EDITORIAL STAFF—CONTINUED

## ORTHOPEDIC SURGERY

AMERICA ELVEN J. BERKEHEISER PAUL C. COLONNA FREMONT A. CHANDLER WILLIAM A. CLARK DENNIS W. CRILE ROBERT A. FLAUSTEN CHESTER C. GUY DANIEL H. LEVINTHAL PHILIP LEWIN ROBERT C. LUTERGAN JOHN MITCHELL FRANK C. MURPHY JOHN W. POWERS RUDOLPH S. REICH ANTHONY F. SAVA  
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## PHYSICOCHEMICAL METHODS IN SURGERY

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## SURGERY OF THE EYE

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# CONTENTS—JANUARY, 1926

## COLLECTIVE REVIEW

CHOLECYSTOGRAPHY Warren H Cole M D and Glover H Copher M D St Louis Missouri

## ABSTRACTS OF CURRENT LITERATURE

### SURGERY OF THE HEAD AND NECK

#### Head

WEAVER J C The Treatment Employed in 125 Consecutive Cases of Head Injuries

RAND C W and NIELSEN J M Fracture of the Skull An Analysis of 171 Proved Cases The Diagnosis and Treatment of Associated Brain Injury

#### Eye

LEVINSON G Notes on the Genesis of Myopia

SNELL A C and STERLING S The Percentage Evaluation of Macular Vision

FERGUS A F Discussion on Ocular Pain

STEFANSSON J An Operation for Glaucoma

BURDON COOPER J The Conservative Treatment of Glaucoma

CARVILL M and DERBY C S Interstitial Keratitis

SPICER W T H and POLLOCK W B I Eye Injuries and Interstitial Keratitis

HARMAN N B Phlyctenular Conjunctivitis and Keratitis Causes and Prevention

BURCH F E Hysterical Amblyopia and Amautous

#### Ear

DOWNNEY J W JR A Clinical Study of Bone Conduction After the Method of Runge

#### Nose and Sinuses

WATSON D T C

#### Mouth

HADEN R L The Pulpless Tooth from a Bacteriological and Experimental Standpoint

#### Pharynx

BAER L The Importance of a Laryngeal Examination in Adults Prior to an Operation for the Removal of the Tonsils

#### Neck

LAUDING Postoperative Investigations of 200 Cases of Basedow's Disease

CHARBONNEL M Tetania Parathyreopriva Parathyroid Grafts

### SURGERY OF THE NERVOUS SYSTEM

#### Brain and Its Coverings, Cranial Nerves

TRAQUAIR H M Acute Retrobulbar Neuritis Affecting the Optic Chiasma

TERACOL J The Sphenopalatine Ganglion

VORON and PIGEAUD Two Cases of Encephalitis in the Course of Pregnancy with Death of the Fetus in the Uterus

#### Sympathetic Nerves

ZFNO A Perforation of the Femoral Artery Seven Days After Sympathectomy

WERTHEIMER P The Surgery of Muscle Tonus

LOTTE G and DECHAUME M The Technique and Indications for Operation on the Pelvic Sympathetic Nerves Hypogastric Periaortic Sympathectomy and Section of the Preaortic Nerve in Gynecology

### SURGERY OF THE CHEST

#### Chest Wall and Breast

MILLER C J Pelvic Lesions as a Contributing Factor in Chronic Cystic Mastitis

LEE B J and HERENDEN R E Radium in Breast Cancers

DAVIS B B Further Experience in Cancer of the Breast

#### Trachea Lungs and Pleura

JACKSON C TUCKER G CLERY L H LUKENS P M and MOORE W F Hematemesis as a clue for Objective Method of Diagnosis

JACKSON C and LEE W F Acute Massive Collapse of the Lungs

BURRELL L S T and MELVILLE S The Value of Lipiodol in the Diagnosis of Bronchiectasis



BEUTNER A The Operative Technique for the Removal of Intraligamentary Ovarian Cyst	48
BLACK W T Solid Teratomata of the Ovary Report of Two Cases	49
External Genitalia	
KAKUSCHIN N M Five Cases in Which a Vagina was Constructed from the Large Intestine	49
SPENCER H R On Some Unusual Vaginal Fistulae	49
Miscellaneous	
SIRSEY A The Metrorrhagias of Girls and Young Women	49
CHALIER A Pelvic Cysts Following Total Castration for Pyosalpinx	49
COTTE G and DECHAUME M The Technique and Indications for Operation on the Pelvic Sympathetic Nerves Hypogastric Periaarterial Sympathectomy and Section of the Presacral Nerve in Gynecology	49
JUDD E S Partial Resection of the Kidney	48
RICHIEY DEW G The Remote Sequelae of Rectal Implantation of the Ureters for Exstrophy Findings at Necropsy Fourteen Years After the Bergenhem Operation	49
MERCIER O Intravesical Prolapse of the Lower End of the Ureter	49
Bladder Urethra and Penis	
HICKMAN F and KUTZMANN A A Congenital Valvular Obstruction of the Posterior Urethra	49
Genital Organs	
WESSON M B Cysts of the Prostate and Urethra	50
Miscellaneous	
SHAW E C and HILL J H Report of a New	51

## OBSTETRICS

## Pregnancy and Its Complications

KELLER R. Intestinal Occlusion and Pregnancy Puerperal Pseudo Ileus	51
VALLOIS and DE CARRERA Normal Pregnancy in a Woman Who Had Had Pernicious Anemia in a Previous Pregnancy	51
CHASSAGNY I A Case of Leukemia and Pregnancy	51
MATSOVSKY D A Syphilis and Pregnancy	51
HENDRY W B A Clinical Analysis of 152 Cases of Ectopic Gestation	51
RIOTTE A Diverticular Tubal Pregnancy	51
Labor and Its Complications	
HACH E The Use of Hypophyseal Extract in Repeated Small Doses	51
DZ SART BLAISE A B The Hypophysis	51
SWARTZ O H and PADDOCK R The Cesarean Scar	51
39 SURGERY OF THE BONES JOINTS MUSCLES, TENDONS	51
Conditions of the Bones Joints Muscles Tendons Etc	51
DOGUET and CLAVELIN Chronic Non Tuberculous Arthritis of the Hip in the Adult	52
40 Surgery of the Bones, Joints Muscles Tendons, Etc	52
VULPIUS The Division of Function in Tendon Transplantation	52
40 CORTILLIER J and TILLIER R Vertical Extension of the Leg in the Treatment of Acute Osteo Articular Diseases of the Hip	52
41 Fractures and Dislocations	52
WILSON P D Joint Fractures	52
LAMBOTTE A Transarticular Nailing in Fractures Near Joints	53
42 McVINCONE C T E	53
42	53
42	53
42	53
43	54
47	54
Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity Lecture III	54

## GENITO URINARY SURGERY

## Adrenal Kidney and Ureter

## SURGERY OF THE BLOOD AND LYMPH SYSTEMS

48 Blood Vessels	
ZFVO A Perforation of the Femoral Artery Seven Days after Sympathectomy	14



## Heart and Pericardium

SCHEIDEN The Results of Pericardectomy in  
Chronic Retractive Pericarditis

## SURGERY OF THE ABDOMEN

## Gastro-Intestinal Tract

PIERSON G M, DICKENS H L, and BANK J The  
Practical Value of Neutral Red as a Test for  
Gastric Secretory Function

MEYER K A and BRAMS W A The Diagnosis and  
Treatment of Hour Glass Stomach

BALFOUR D C The Sequelae of Gastro Intes-  
tomy

DELORE A, CREVELL J, and DE ROUGE MONT J  
Two Forms of Mild Intestinal Reaction in Gas-  
tric Surgery Various Curle and Acute Gastric  
Dilatation

SCHWASS M B The Treatment of Choice for Ulcer  
of the Duodenum

HORSLEY J S Unperforated Ulcers of the Terminal  
Ileum Symptomatically Simulating Appendicitis

SCOTT S G, DRUMMOND H, SHIRER B, HURST  
A F, WILLIAMS U, and Others Discussion on  
the Value of the X Rays in the Diagnosis of  
Diseases of the Colon

FISCHER A W The Diagnosis Treatment and  
Prognosis of the Colon Cancer

ADAMS J L, BAKER J, and Others  
ROWNTREE C, ROCHER J E, and Others Dis-  
cussion on the Value of the X Rays in the  
Diagnosis of Diseases of the Colon

Des

Perineum  
Open Operation for Anorectal  
Disease

## Liver Gall Bladder Pancreas and Spleen

ROBERTS C W, M. VICKAR C S, FOWNTREE L G

KERR W J, DELPRAT G D, ERSTEIN N, and  
DUNNITZ M The Rose Bengal Test for  
Liver Function Studies on the Rate of Elimina-  
tion from the Circulation in Man

WISCHNEWSKY A W A Double Gall Bladder Dis-  
covered at Operation Removal of the Diseased  
Accessory Bladder

HAINES W D The Surgical Aspect and Manage-  
ment of the Gall Bladder

ESA

THE BILE DUCTS

LEVEY J and BERCEANU D A Simple Procedure  
for the Diagnosis of Common Duct Stone with  
Obscure Symptoms

HABERLAND H F O Studies of the Bile Tract. IV  
The Relation of Common Duct Obstruction to  
Icterus

## Miscellaneous

MILLER C J Icteric Lesions as a Contributing  
Factor in Chronic Cystic Mastitis

## GYNECOLOGY

## Uterus

CROSSEY H S Improvements in the Operative  
Treatment of Uterine Retrodisplacement

HOMANS J The Treatment of Uterine Prolapse and  
Rectocele

DAIS

## RUS

## SEMI

## Uterus

ROBERTS-DUVAL H Local Treatment of Operable  
Cancer of the Cervix of the Uterus

DEEDERLEY C Is there a Primary Mortality in the  
Treatment of Carcinoma of the Uterus with  
Radium?

GIGOUX P and FOLLOSON F Lesions of the  
Cervical Stump After Subtotal Hysterectomy

## Adnexal and Para Uterine Conditions

ROYSTER H A The Pus Tube and Its Management

GELLER F C The Effect of Weak Irradiation of the  
Ovary as Indicated by Experimental Investiga-  
tion on Animals A Contribution on Stimulating  
Irradiation of the Ovary and Temporary Sterili-  
zation

CIGVOZZI O Mucoid Ovarian Cysts and their Com-  
plications

# BIBLIOGRAPHY

## Surgery of the Head and Neck

Head  
Eye  
Ear  
Nose and Sinuses  
Mouth  
Thyroid  
Neck

Puerperium and Its Complications 6  
Newborn 77  
Miscellaneous 7

## Genito-Urinary Surgery

Adrenal Kidney and Ureter 77  
Bladder Urethra and Penis 78  
Genital Organs 79  
Miscellaneous 79

## Surgery of the Nervous System

Surgery of the Bones Joints Muscles Tendons  
80  
81  
81  
81

A. M. M. M. M.

## Surgery of the Chest

Chest Wall and Breast  
Trachea Lungs and Pleura  
Heart and Pericardium  
Esophagus and Mediastinum  
Miscellaneous

Surgery of the Blood and Lymph Systems  
83  
83  
83  
84

## Surgery of the Abdomen

Abdominal Wall and Peritoneum  
Gastro-Intestinal Tract  
Liver Gall Bladder Pancreas and Spleen  
Miscellaneous

Surgical Technique  
Operative Surgery and Technique Postoperative  
Treatment 84  
Antiseptic Surgery Treatment of Wounds and In  
fections 84  
Anæsthesia 84

## Gynecology

Uterus  
Adnexal and Peritoneal Conditions  
External Genitalia  
Miscellaneous

Physicochemical Methods in Surgery  
Roentgenology 85  
Radium 85  
Miscellaneous 85

## Obstetrics

Pregnancy and Its Complications  
Labor and Its Complications

Miscellaneous  
Clinical Entities—General Physiological Conditions 85  
General Bacterial Mycotic and Protozoan Infec  
tions 86

VFLO C A A New Method of Repairing Wounds of Blood Vessels A Plastic Operation with the Use of Heterogenous Material by the Cementing Method

### Blood Transfusion

VALLOIS and DE CARPENA Normal Pregnancy in a Woman Who Had Had Pernicious Anæmia in a Previous Pregnancy

PAISSEAU CAYLA and HAMBURGER Acquired Hæmophilia Cured by Specific Treatment Subhyoid Hydatoma

## SURGICAL TECHNIQUE

Operative Surgery and Technique Postoperative Treatment

HOEDER SIR T ROWLANDS R I COLEBROOK L and Others Discussion on the Treatment of Septicæmia

GATCH W D TRUSLER H M and OWEN J L

### Amnesia

BECKMAN H The Alleged Synergism of Magnesium Sulphate and Morphine

## PHYSICO-CHEMICAL METHODS IN SURGERY

### Röntgenology

GELLER F C The Effect of Weak Irradiation of the Ovary as Indicated by Experimental Investigations on Animals A Contribution on

Stimulating Irradiation of the Ovary and Temporary Sterilization

55 HOLFELDER H The Proper Time Distribution of Röntgen Ray Dosage the Chief Problem in Irradiation Therapy

RUSS S Cellular Changes Due to Irradiation

PINFY A Changes in the Blood and Blood Forming Organs as a Result of Irradiation

### Radium

56 LEE B J and HERGENROTTER R L Radium in Breast Cancers

56 RUBENS DUVAL H Local Treatment of Operable Cancer of the Cervix of the Uterus

60 DIEDERLEIN G Is there a Primary Mortality in the Treatment of Carcinoma of the Uterus with Radium?

## MISCELLANEOUS

Clinical Entities—General Physiological Conditions

### Women

### Surgical Pathology and Diagnosis

JACKSON C, TUCKER C, CLERF L H, LUKENS

MEYER A A and BRAMS W A The Diagnosis and Treatment of Hour Glass Stomach

GREENE C H, McVICAR C S, ROWNTREE I G

### NER

## AUTHORS

OF THE ARTICLES ABSTRACTED IN THIS NUMBER

- Adams J E 23  
 Baake F 18  
 Baer L 10  
 Balfour D C 19  
 Bank J 18  
 Barker H B 11  
 Barrales J M 42  
 Beckman H 58  
 Berceau D 23  
 Bertrand I 0  
 Beuttner A 35  
 Biehl M 7  
 Black W T 36  
 Bockus H L 18  
 Bram W A 18  
 Butch F E 9  
 Burden V G 8  
 Burdon Cooper J 8  
 Burger P 35  
 Burrell L S T 16  
 Carvill M 9  
 Cayla 56  
 Chaher A 37  
 Charbonnel M 11  
 Charmer J 20  
 Chatillon F 42  
 Chausfard 56  
 Cignozzi O 35  
 Clavelin 52  
 Clerf L H 15  
 Cole W H 1  
 Colebrook L 57  
 Colp R 11  
 Copher G H 1  
 Cotte G 38  
 Creysse J 19  
 Cristall G 42  
 Crossen H S 30  
 Curtillet J 52  
 Dani I C 31  
 Davis B B 15  
 DeCarrera 30  
 Dechaume M 38  
 Delore V 10  
 Delprat G D 26  
 Derby G S 9  
 De Rougemont J 19  
 De Saint Blaise A B 42  
 Desgouttes L 23  
 Doederlein G 32  
 Downey J W Jr 10  
 Drummond H 25  
 Duguet 52  
 Dunet C 21  
 Dunievitz M 26  
 Epstein N 26  
 Essau 6  
 Fergus A F 8  
 Fey 48  
 Fischer A W 21  
 Gatch W D 57  
 Gatewood 20  
 Geller F C 34  
 Gignoux F 33  
 Gosset A 20  
 Greene C H 24  
 Haberland H F O 29  
 Haden R L 10  
 Haine W D 26  
 Hamburger 56  
 Harman N B 9  
 Hauch E 42  
 Hendry W B 41  
 Henline R B 51  
 Herendeen R E 15  
 Hill J H 51  
 Hinman F 49  
 Hollfelder H 59  
 Homans J 30  
 Horder Sir T 57  
 Horsley J S 21  
 Hurst A F 21  
 Hyman A 48  
 Jackson C 15 16  
 Judd E S 28 48  
 Kakuschkin V M 36  
 Keller R 39  
 Kerr W J 26  
 Kutzmann A A 49  
 Ladwig 10  
 Lambotte A 53  
 Lee B J 15  
 Lee W E 16  
 Le Lorrain 40  
 Leveuf J 28  
 Levinsolin G 8  
 Lourna H W 11  
 Lukens R M 15  
 Maes U 23  
 Mannelli F 2  
 Matusovsky D A 40  
 Mayo W J 23  
 McNeill R J 23  
 McVicar C S 24  
 McWhorter G L 53  
 Melville S 26  
 Mercier O 49  
 Meyer L A 18  
 Miller C J 15  
 Moore W F 15  
 Nielsen J M 7  
 Nitch C A R 23  
 Ohlsson I 39  
 Owen J E 57  
 Paddock R 47  
 Pausseau 56  
 Pennington J R 24  
 Peycelon R 23  
 Pierson G M 18  
 Pigeaud 40  
 Piney A 60  
 Pollock W B I 9  
 Pollosson F 33  
 Rand C W 7  
 Ritchey DeW G 49  
 Riote A 41  
 Roche A E 23  
 Rowlands R F 57  
 Rowntree C 23  
 Rowntree L G 24  
 Royster H A 33  
 Rubens Duval H 32  
 Rubin I C 31  
 Russ S 50  
 Schiassi M B 0  
 Schmieden 16  
 Schwarz O H 47  
 Scott S G 1  
 Seed L 32  
 Shaw I C 51  
 Shires B 21  
 Siredev A 36  
 Snell A C 8  
 Spencer H R 36  
 Spicer W F 9  
 Starr C L 57  
 Stefanesson J 8  
 Sterling S 8  
 Terracol J 13  
 Tiller R 5  
 Traquair H M 13  
 Trusler H M 57  
 Tucker G 15  
 Vallous 39  
 Velo C A 55  
 Verliac 48  
 Von Friedrich L 18  
 Voron 40  
 Vulpius 52  
 Walters W 24 25  
 Watson Williams P 10  
 Weaver J C 7  
 Wertheimer P 14  
 Wesson M B 50  
 Wheeler Sir W I deC 54  
 Williams U 21  
 Wilson P D 5  
 Wischnensky A W 26  
 Zeno A 14



# INTERNATIONAL ABSTRACT OF SURGERY

JANUARY, 1926

## COLLECTIVE REVIEW

### CHOLECYSTOGRAPHY

By WARREN H COLE M.D. AND GLOVER H COPHER M.D. St. Louis Missouri  
From the Department of Surgery, Washington University School of Medicine, St. Louis

and the sodium salts of tetra iodophenolphthalein and tetrabromphenolphthalein. The calcium salts were soon replaced by the more soluble sodium salts.

A vast amount of experimental work was done by Graham Cole and Copher (14, 17, 18, 20) with the phenolphthaleins and other compounds. Of forty compounds studied, eleven were found to produce shadows of the gall bladder. Shadows were obtained after intravenous, oral, and rectal administration. After excretion in the bile, the

work was done with tetrabromphenolphthalein. Whitaker and Milliken (44) apparently on the basis of a good sample, concluded that tetra iodo phenolphthalein can be given in smaller doses which are less toxic than the tetrabromphenolphthalein. Their report was published practically simultaneously with one by Graham Cole and Copher (18) who reported the resumption of use of the tetra iodophenolphthalein but cautioned against the use of any but a highly purified product. The greater difficulties in the manufacture of a pure product and the greater ease of decomposition of the tetra iodophenolphthalein as compared with the tetrabromphenolphthalein were emphasized by Graham Cole and Copher in their article. These difficulties are now receiving much attention in the literature. It is very important to use only a product which comes from a reliable manufacturer. It should be kept in brown bottles and for not more than a few weeks before use.<sup>1</sup>

Sodium tetra iodophenolphthalein (19) which is being used most extensively at the present time is a blue crystalline compound of high molecular weight and readily soluble in water. It usually contains approximately 60 per cent of iodine by weight and should have not less than 53 per cent. The average dose of sodium tetra iodophenolphthalein required to produce a gall bladder shadow in the human being is approximately 0.06 gm per kilo of body weight. The lethal dose for an

<sup>1</sup>It is worth noting that the part of the article which is being used most extensively at the present time is a blue crystalline compound of high molecular weight and readily soluble in water. It usually contains approximately 60 per cent of iodine by weight and should have not less than 53 per cent. The average dose of sodium tetra iodophenolphthalein required to produce a gall bladder shadow in the human being is approximately 0.06 gm per kilo of body weight. The lethal dose for an





Fig. 3. Normal gall bladder thirty two hours after injection. Shadow still present. Many normal gall bladders do not show shadows at this period.



Fig. 4. Cholelithiasis. Filling defect in gall bladder produced by cholesterol stone. Twenty four hours after injection.

accurate than those of the intravenous method. If the patient is not ill and

than for oral method.

administration of pure products of tetra iodophenolphthalein (21) have been transitory and of small consequence. From 80 to 90 per cent of patients do not have reactions to tetra iodophenolphthalein. Carman (4) has reported thirty two consecutive cases without reaction. If the reaction is sustained it is confined to malaise, headache, nausea, vomiting or diarrhea. Vomiting and diarrhea

for the shadows since food stimulates a flow of bile into the duodenum and interferes with the concentration of the bile in the gall bladder. The normal gall bladder was found to begin to cast a

the dose. The toxicity of the two drugs is practically the same if equal doses are given. In an endeavor to simplify the method and to eliminate reaction Stewart (37-40) has advocated the administration of tetra iodophenolphthalein

now after from twelve to twenty four hours. Normally the shadow disappears in approximately

hospitalized patients. This method only on hospitalized patients. In office practice he uses the oral method of administration. It is a striking fact that reactions have markedly decreased as





Fig. 1. Normal gall bladder eight hours after injection. Density and size of shadow normal.



Fig. 2. Normal gall bladder twenty-four hours after injection. Shadow has become smaller and denser.

mals is approximately 0.25 gm. per kilo of body weight. Both the tetrabromphenolphthalein and tetraiodophenolphthalein have been accepted by the Council of Pharmacy and Chemistry of the American Medical Association and included in New and Non Official Remedies. Because of the danger of deterioration sodium tetraiodophenolphthalein should not be left exposed to light and air. When it is exposed to sunlight its color may fade.

Water by mouth is allowed at all times. Roent-

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day at 9 a.m., 1 p.m. and 5 p.m. Breakfast is omitted. If lunch is not omitted it should be low in fat and protein. Meneses and Robinson (24, 25) and Whitaker, Milliken and Vogt (45) were among the first to publish articles relative to the oral administration of tetraiodophenolphthalein.

cluding foods and chemicals on the shadows of gall bladders. They obtained the most marked diminution of the size and density of the gall bladder shadow after the ingestion of fats. There was no response to psychic stimuli, carbohydrates, pilocarpine, adrenalin, hydrochloric acid, bile

pine and alcohol. There was no effect on the shadow from mechanical stimuli. Graham Copher,

man and Counseller (5, 6) reported a series of cases in which this method was used. Carman (4) after a study of over 100 cases stated that among the cholecystographic phenomena indicative of disease, failure of the gall bladder to fill with the dye in sufficient quantity to cast a shadow seems to rank first in frequency and to be unexcelled in diagnostic value. Graham Cole and Copher agree with Moore (27, 28) that cholecystography is a more delicate method of determining disease of the gall bladder than inspection and palpation at operation.

Among the other early contributors to the de-

- 6 " "  
7 "  
8 54 COPER G H Cholecystography appearance and disappearance of the shadow J Am M Ass  
9 "  
10 "  
11 "  
12 Radiology 1925 v 259 GOSSET A and LOEWY G Cholecystographie  
épreuve de Graham Bull med 1925 No 12  
March 27  
13 G " " " "

- 14 GRAHAM E A, COLE W H and COPER G H Cholecystography an experimental and clinical study J Am M Ass 1925 LXIV 14  
15 GRAHAM E A, COLE W H and COPER G H Roentgenological visualization of the gall bladder

- 16 Id  
17 1924 LXXVII 1777 Idem Roentgenological visualization of the gall bladder by the " "

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20 Idem Cholecystography its development and application Leonard Research Prize Essay 1925 Read before Am Roentg Ray Soc Washington D C  
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23 "  
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25 Id "  
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27 M "



Fig 5 Illustrates value of cholecystography in differential diagnosis. Shows of stones clearly identified out of normal gall bladder. At operation stones were found in gallbladder.

ow is either less dense than normal or completely absent. The most accurate diagnoses are made from a series of films revealing no shadows. If the intravenous technique has been carried out and described failure to obtain a shadow within forty-eight hours is practically conclusive proof of abnormality in the biliary system. Filling defects caused by stones are very important as accurate diagnoses can be made from them. As would be expected some gall bladders containing stones cannot be visualized by tetraiodophenolphthalein chiefly because of a lack of concentrating power or the presence of an obstruction to the cystic duct. However failure to reveal stone in all cases is not of great consequence since the presence of cholecystitis which may be determined by cholecystography is the paramount question in the establishment of the diagnosis and the operative treatment. In gall bladders produc-

whereas hard stones are usually recognized by positive shadows. Occasionally, also, the outlines of soft stones are seen plainly because apparently the dye has penetrated into the outer layers of the stones. Fortunately soft stones which without the aid of cholecystography are seen only with

unsettled and need more study. It seems that extreme liver damage must be present before the disturbance of biliary excretion of the dye has any influence on the visualization of the gall bladder.

The inaccuracy of the diagnosis of gall bladder disease by the roentgen ray previous to the intro-

duction by the findings following intravenous injection.

sudden and marked change in the size of the gall bladder shadow. Pituitrin seemed to cause a con-

# ABSTRACTS OF CURRENT LITERATURE

## SURGERY OF THE HEAD AND NECK

### HEAD

Weaver J C The Treatment Employed in 125  
Consecutive Cases of Head Injuries *Surg*  
*Gynec & Obst* 1915 xli 347

within from one to several hours after the patient's  
admission to the hospital. These cases are hopeless

Class C Simple or compound depressed fracture  
with localized brain contusion and with or without  
indriven bone fragments. Debridement is indicated.  
Contused brain and blood clots should be carefully  
removed by catheter suction, the dural opening  
accurately closed, and the bone defect filled by  
replacing the fragments of bone that have been  
removed.

Class D Classic manifestations of rapidly in-  
creasing intracranial pressure which are well within  
the period of medullary compensation. Subtemporal  
decompression offers the best chance of recovery.

Class E Definite evidence of brain injury ex-  
hibiting no classic findings of acutely increasing  
intracranial pressure yet of the type that experience  
has shown is liable to develop increased intracranial

of increased intracranial pressure develops later, one

sufficient

Class C Depressed fracture of a mild degree with  
no symptoms. The bone fragments should be elevat-  
ed, the dura opened, contused brain removed by

catheter suction, the dura closed, and the bone frag-  
ments replaced.

Class H Scalp laceration without damage to the  
underlying structures. The edges should be trimmed  
away and the wound closed with fine silk sutures.

In 125 cases of head injuries treated during the  
past two years there have been 103 recoveries and  
twenty-two deaths. H. Hoyt Cox, M.D.

Ran

Of the 171 skull fractures reviewed in this article  
85 per cent were linear and 15 per cent depressed.  
There were nearly twice as many fractures on the  
right side as on the left.

The total mortality was 26 per cent. Sixty-eight  
per cent of the deaths occurred in the first forty-eight  
hours. All occurring after the seventh day were from  
causes other than shock or compression. The im-  
mediate cause of death was shock in 39 per cent.

the skull

Operation was performed in 22 per cent of the  
cases. The operative mortality was 47 per cent.  
Indications for operation were depressed fracture or  
intracranial hemorrhage. The mortality in cases of  
depressed fracture was 39 per cent while that in cases  
of intracranial hemorrhage was 73 per cent.

Before operation is performed, measures should

compression, spinal puncture is of greater value than  
the other procedures.

- 28 Idem The development and application of cholecystography Internat Congr Radiol Lond 1925 1
- 29 OAKMAN C S Cholecystography by oral administration of soluble radiopaque salts Am J Roentgenol 1925 xiv 105
- 30 OTTENBERG R and ABRAMSON H A Induction of liver necrosis by tetrachlorophenolphthalein and tetrabromophenolphthalein J Am Med Ass 1925 lxxiv 800
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- 35 416 Idem Further observations on the effect of duodenobiliary drainage on the visualized gall bladder Surg Gynec & Obst 1925 xli 234
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- 37 ST - - - - -
- 38 K
- 39 Id
- 40 STEWART W H, LINHORN M and RYAN E J Recent advancements in cholecystography Radiol 1925 v 222
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- 43
- 44
- 45
- 46

pressure and acidosis. In dealing with these the author finds morphine and nitroglycerine of great value.

In the acute congestive attack his patients are

are given every three hours.

When the pulse rate exceeds 90 the nitroglycerine is discontinued. The patients are kept warm and the morphine is given twice a day until the attack begins to decline. Dry heat is applied to the eye continuously and eserine in  $\frac{1}{2}$  per cent solution is instilled into the eye every three hours.

glaucoma. Perfect rest and quiet are essential. The air of the room should be moist. The diet should be restricted and non stimulating. Between attacks general medical care, suitable climatic conditions and the elimination of worry are indicated.

LYMAN A COPPS M D

Carvill M and Derby G S. Interstitial Keratitis

*Boston M & S J* 1925 xciii 403

Spicer W T H and Pollock W B I. Eye Injuries and Interstitial Keratitis. *Brit M J* 1925 ii 373

Spicer says that interstitial keratitis may be closely associated with an injury. The injury is often trivial and may or may not have caused a

certain degree of maturity. When they have become mature any injury, however minor, may precipitate an attack or an attack may occur in the absence of a stimulus and in spite of anything that may be done. If the spirochaetes are not mature injury will not precipitate an attack.

Pollock gives a brief review of the symptoms, diagnosis and treatment of interstitial keratitis.

LAMAN A COPPS M D

Harman N B. Phlyctenular Conjunctivitis and Keratitis. Causes and Prevention. *Brit M J*

1925 ii 349

That phlyctenular lesions are the frequent cause of permanent impairment of vision is shown by the fact that of 699 pupils in the schools for blind and myopic children in London whose disability was caused by inflammation of the surfaces of the eye

It is likely to develop it than those who are not so red. The condition is uncommon in infants under 1 year of age, increases in frequency up to the fifth year and then becomes less frequent. At the age of five years the mouths, noses and throats of underfed children are often the sites of infection causing irritation of the fifth nerve.

Sixty six per cent of the lesions are found in the lower and lower outer sector of the limbus. As the majority of unbroken phlyctenules are sterile the lesion is probably not due to microbic invasion of the ocular tissue. Histologically the phlyctenule is a blister.

Burch F E. Hysterical Amblyopia and Amaurosis. *Am J Ophth* 1925 38 viii 699

Burch reviews six cases of hysterical amblyopia and amaurosis, commenting on each. He emphasizes the necessity for excluding malingering as well as organic disease. The help of the neurologist, psychiatrist or family physician is essential in the treatment and often in the diagnosis. It is necessary to obtain the confidence and co-operation of the patient and in the case of a child that of his family.

Drainage for about forty eight hours following subtemporal decompression is of value in relieving edema of the brain

If hemorrhage is suspected operation may prevent such later complications as jacksonian epilepsy At operation the dura should be opened to eliminate

Article is supplemented by tracings of the location of fractures several tables classifying the cases and the detailed records of several cases

J C CARLIS MD

### EYE

Levinsohn C Notes on the Genesis of Myopia  
*Arch Ophth* 1925 liv 434

causing the temporal crescent and conus and the changes about the macula

THOMAS D ALLEN MD

Snell A C and Sterling S The Percentage Evaluation of Macular Vision  
*Arch Ophth* 1925 liv 443

The authors have attempted to find a mathematical formula for estimation of the percentage of loss of vision

In their experimental work they found that lenses

cent

percent in vision On this point they quote a number of internationally known ophthalmologists

THOMAS D ALLEN MD

Fergus A F Discussion on Ocular Pain  
*Brit M J* 1925 li 506

Two causes of ocular pain are uncorrected errors of refraction and septic infection Pain arising from the former can be relieved only by very accurate correction of the refraction errors Defects in latent divergence are frequently overlooked The author

effect

In corneal ulcers cocaine should never be employed it does not relieve deep pain and it has a disastrous effect upon corneal tissue Atropine is equally injurious On no account should the eye be

Stefansson J An Operation for Glaucoma  
*Arch Ophth* 1925 ja viii 681

Stefansson has apparently been able to obtain foreign body drainage of the anterior chamber successfully and without undue reaction A good wire loop or a gold tube is inserted into the anterior chamber subconjunctivally A conjunctival flap is made as for a trephine A keratome is introduced into the anterior chamber and then a T shaped wire or tube is inserted so that the upper part of the T lies close to the limbus The vertical arm must be long

cent and a complete failure in only 9 per cent

THOMAS D ALLEN MD

Burdon Cooper J The Conservative Treatment of Glaucoma  
*Brit M J* 1925 li 510

The purpose of this article is not to urge non-operative treatment of glaucoma but to emphasize the importance of conservative treatment before

The authors show how erroneous it is to assume

In Basedow's disease the thyroid gland is not affected alone. In three of the cases reviewed there

arteries in the majority of cases. The neuropathic aspect of the condition is most difficult to influence by operation. The blood picture remains unchanged. Careful postoperative care is of great importance. STETTINER (Z)

**Barker H. B.** The Injection of Absolute Alcohol into the Thyroid Gland. Experimental Observation of a Suggested Clinical Procedure. *Arch Surg* 1923 11 180

The author injected the thyroid glands of eight dogs with absolute alcohol and determined the amount of coagulation necrosis produced in the areas injected. The necrosis was in direct proportion to the amount of alcohol injected.

tion resembles that produced by the injection of boiling water but is accomplished without inconvenience and without special apparatus.

Clinical cases of toxic goiter treated by injections of absolute alcohol are now under observation by the author. ARTHUR L. SHREFFLER M.D.

**Colp R. and Louria H. W.** Dyspnea Following Thyroid Operations. *Arch Surg* 1925 11 200

In experimental work the authors attempted to

when the dyspnea the posterior portions of the glottis were abducted and finally complete adduction occurred. Section of both recurrent laryngeal nerves caused the cords to assume the cadaveric position.

Experimentally tracheomalacia may be simulated by the resection of tracheal cartilages. In dogs as many as seven tracheal rings can be excised without causing appreciable collapse of the tracheal wall.

ARTHUR L. SHREFFLER M.D.

**Charbonnel M.** Tetania Parathyreopriva Parathyroid Grafts (Tétanie parathyréoprive et greffes parathyroïdiennes). *J de chir* 1925 xiv 117

since 1905

In the case reported a thyroidectomy was per-

somewhat short of a psychosis characterized by excitation, insomnia and polyphasia. After eleven

disturbances have been observed but the lesser



THOMAS D. ALLEN, M.D.

## EAR

Downey J W Jr A Clinical Study of Bone Conduction After the Method of Runge *Arch Otolaryngol* 1925 11:260

71-1-1

ception deafness. In the physical laboratory with definitely controlled air pressure it can be shown that bone conduction is

the roentgenogram should never be depended upon to eliminate a tooth as a possible focus of systemic disease.

In the author's studies a very large percentage of

suggest however that a pulpless tooth is not

In certain cases the bacteria from chronic foci demonstrate an unmistakable tendency to localize in certain parts of the body. These cases afford valuable experimental proof of a causal relationship between chronic foci and systemic disease.

SAMUEL KAHN, M.D.

JAMES C. BRASWELL, M.D.

## NOSE AND SINUSES

34

In the two cases of sinusitis reported by the author there was undoubted infection of the sphenoidal sinuses and posterior ethmoidal cells with well marked toxic ocular defects, but the irregular development of the sphenoidal sinuses caused technical difficulties in the localization of the source of the infection.

In the first case an overdeveloped left sphenoidal sinus encroaching on the opposite side was infected but the smaller underdeveloped right sphenoid was not seriously involved.

In the second case the right sinus which was poorly developed was infected while the overdeveloped left sinus showed no infection.

JAMES C. BRASWELL, M.D.

## MOUTH

Haden R L The Pulpless Tooth from a Bacteriological and Experimental Standpoint *J Lab & Clin Med* 1925 1:965

A very high percentage of teeth which are negative in the roentgenogram harbor infection. Therefore

## PHARYNX

Baer L The Importance of a Laryngeal Examination in Adults Prior to an Operation for the Removal of the Tonsils *Laryngoscope* 1925 35:726

The author reports two cases of tuberculous laryngeal involvement occurring in patients who had had their tonsils removed. The larynx was not examined prior to the tonsil operation and the laryngeal symptoms did not develop until after the operation for the removal of the tonsils. Both patients died.

Baer thinks that these two cases clearly illustrate the necessity for a laryngeal examination prior to tonsillectomy as the operation may be the exciting cause of an acute flare up of a latent tuberculous infection of the larynx. JAMES C. BRASWELL, M.D.

## NECK

Ladwig Postoperative Investigations of 200 Cases of Basedow's Disease (Nachuntersuchungen an 200 operierten Basedowkranken) 40 Tag d dtsch Ges f Chir Berlin 1915

In a postoperative review of 200 cases of Basedow's disease Ladwig found that operation had yielded permanent results in 80 per cent. This does not mean that all symptoms had disappeared in every case. Exophthalmos for instance did not

# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

**Traquair H M Acute Retrobulbar Neuritis Affecting the Optic Chiasma** *Brit J Ophth* 1923 ix 433

Traquair reports four cases of acute retrobulbar neuritis affecting the optic chiasma and tract and cites ten cases collected by Roenne. Traquair's patients were women between 24 and 36 years of age, none of whom showed at the time nor developed later any definite evidence of nervous diseases. Two complained of headaches and bilious attacks, but the others appeared to be in perfect health. No

turbance

Roenne considers very characteristic and almost diagnostic the wandering character of the defects which move from one part of the field to another, the previously involved portions then recovering their function.

The author accepts the view of Roenne that there is an inflammatory or degenerative condition which has its starting point in the chiasma or tract, is

tract by a tumor causes persistent and increasing headache and visual defects.

In localized syphilitic basal meningitis the field changes if present are grosser and there is practically always other evidence. Apart from injuries, suprageniculate lesions and certain vascular conditions in the cortex rarely if ever cause central defects.

The prognosis is usually excellent. No special form of treatment is indicated.

LUMAN A. COFFEY, M.D.

**Terracol J The Sphenopalatine Ganglion (Le g. glon sphénopalatine)** *Arch internat de laryngol* 1915 xxi 787

The sphenopalatine ganglion is situated at the

double origin—from the gasarian ganglion and the geniculate ganglion—and to be made up of a sort of

fusion of sympathetic elements and elements of cerebrospinal type. It varies greatly in size and form, but most frequently is a simple plexus of triangular shape with its apex backward and internal and its base in front and external.

upon the degree of pneumatization, the more pneumatized the sinus, the closer its floor to the canal and the thinner the intervening wall.

It has been generally accepted that the sphenopalatine ganglion is a sympathetic ganglion, but it is impossible to say without further study that it is entirely sympathetic. It is a plexus where fibers of the cerebrospinal system and the sympathetic system converge, but just what part is played by each is unknown. All that can be said is that it has two roots—a sensory sympathetic root, the vidian

point.

There are three ways of approaching the ganglion for purposes of injection—the endonasal route, the zygomatic route, and the palatine route. In the endonasal route the membrane over the sphenopalatine foramen is punctured to enter the pterygo

which separates the anterior nasal spine from the sphenopalatine foramen is between 65 and 68 mm.

The mucous membrane which covers the sphenopalatine foramen may be perforated either over

and particularly those that are apt to have trifacial sympathetic disturbances are small and difficult of access. An untrained operator will almost always locate the tail of the middle turbinate too far forward and therefore make the injection too far forward.

parathyroid insufficiency. Pregnancy following thyroidectomy predisposes to tetany. An influence exerted by the ovaries has been demonstrated experimentally by Adler and Thaler.

The prophylaxis is the conservation of the parathyroids. Tetany is observed more frequently in Germany where the extensive operations are performed more commonly. The intraglandular enucleation of Socin in France is seldom followed by

Because of the intestinal intoxication the diet  
forms of tetany they have been found to cause an

distance from the gland

In the last four years Syring following this

especially when some degree of myxedema accompanies the tetany.

Surgical treatment by means of grafts seems the most logical. In general autogenous grafts are uniformly efficient. The results of homoplastic grafts are extremely variable. Most surgeons believe that heteroplastic grafts are of no value whatever. The feasibility of implanting autoplasmic and homoplastic transplants is seriously compromised by the difficulty in identifying the parathyroids. Borchers after eleven transplantations found that the supposed parathyroid was an accessory thyroid in eight cases, a lymph node in one and a parathyroid gland in only one.

Twenty four cases of tetany are cited from the literature. The results of treatment are difficult to appraise. The word amelioration is used frequently but the improvement may have been spontaneous. In seven cases the result seemed definitely good and in seven others the patient was benefited.

and optic neuritis. The appearance of tetany may be long delayed and may even be preceded by myxedema. The parathyroids may undergo degeneration as the result of vascular lesions or cicatrices.

or no influence

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Miller C J Pelvic Lesions as a Contributing Factor in Chronic Cystic Mastitis *Am J Obst & Gynec* 1925 2 375

More than 50 per cent of breast conditions seen today are obviously benign while a large percentage of the remainder are of the borderline type in which an exploratory incision and a laboratory examination are necessary for diagnosis Very frequently pelvic disease is the cause of chronic cystic mastitis particularly in young women Very frequently also the breast condition will disappear with no local treatment at all if the pelvic condition is entirely corrected

Davis B B Further Experience in Cancer of the Breast *Surg Gynec & Obst* 1925 xli 342

Of the author's 113 patients treated for cancer of the breast ninety six have been traced Of these forty nine have died of cancer four are now suffering from a recurrence or metastasis and forty three are alive and well Forty four and eight tenths per cent have been free from recurrence for from five to fifteen years

In advanced cases an X-ray examination should be made for metastases in the thorax and skeleton The presence of metastases contra indicates operation

Early diagnosis is of the most vital importance All lumps in the breast should be regarded as potentially malignant and should be removed and subjected to careful microscopic examination by the pathologist

## E L CORNELL M D

Lee B J and Herendeen R E Radium in Breast Cancers *Ann Surg* 1925 lxxxi 404

This article is a review of the results obtained in ninety two cases of cancer of the breast which were treated in the period from April 1 1919 to April 1 1922

The cases are divided into three groups Group 1 consisted of thirty-one cases in which irradiation was given before or both before and after operation In Group 2 there were twenty eight cases in which only postoperative irradiation was given Group 3 consisted of twenty four cases treated only by operation

Excluding patients with relatively benign conditions

LITERATURE

This study has convinced the authors that pre-operative and postoperative irradiation is of value as an adjunct to surgery in the treatment of carcinoma of the breast The best results were obtained when both pre-operative and postoperative irradiation was given

The end results in these cases are determined largely by the plan of the roentgen radiation and the dosage employed

## TRACHEA LUNGS AND PLEURA

Jackson C Tucker G Clerf L H Lukens R M and Moore W F Hematemesis A Plea for Objective Methods of Diagnosis *J Am M A* 1925 lxxxi 870

Vomited blood may come from any part of the air passages as well as from the food passages

If examinations of the gums mouth nasal chambers pharynx and larynx are negative and the

rough tissue

Peptic ulcer of the œsophagus as a cause of

horizontal line with the back of the sphenopalatine

inate between the two organs

The palatine route is recommended by dentists

AUDREY G MORGAN M D

### SYMPATHETIC NERVES

Zeno A Perforation of the Femoral Artery Seven Days After Sympathectomy (Perforación de la arteria femoral siete días de una simpatectomía)  
*Boletín Soc de Ciruj de Buenos Aires 1935 11 209*

severe and the extremity had a purple tint Two days later the little toe was almost black Six days after the operation the incision was hyperæmic and painful and there was a moderate seropurulent discharge The next day a hæmorrhage of about 500 c cm of blood occurred The wound was opened and packed A few hours later it was explored under

general anæsthesia clots were removed and the artery was ligated Eleven days later amputation of the extremity became necessary Complete recovery followed

WILLIAM R. MEeker M D

Wertheimer P The Surgery of Muscle Tonus (Considérations sur la chirurgie du tonus musculaire) *J de chir 1925 xxvi 1*

Experimental work by Royle and Hunter recently established the fact that section of the sympathetic rami communicantes changes the character of the rigidity following decerebration by abolishing plastic tonus

There are two elements in muscle tonus namely contractile tonus which imposes a position on the muscle as the result of the shortening of definite muscle groups and plastic tonus which maintains the muscle in this position Section of the rami communicantes abolishes plastic tonus without affecting contractile tonus while section of the posterior roots destroys contractile tonus and leaves

nance of attitudes Decerebration increases it to an extreme degree while section of the rami communicantes abolishes it

The essential indication for section of the rami

from one position to another

AUDREY G MORGAN M D

The subsequent treatment is also of importance

the latter method he obtained one cure lasting for seven years In another case death resulted as he

adhesions is small but that this is not always the case in some instances it may be enlarged By means of the roentgen ray the motility of the various contours can be determined In one case the x ray showed that the apex of the heart was held fast and

that the superior vena cava was obstructed In another case the contour was seen to be immobile A frontal view showed distinctly that the cause of this immobility was adhesions It is desirable to take such views with the aid of a test meal in order that the esophagus may be outlined distinctly In addition roentgenograms and fluoroscopic examinations should be made in the first and second diagonal diameters An exact roentgen ray diagnosis is of great aid in the planning of the operation

TILLMANN (Cologne) called attention to the difference in operating after an acute inflammation has run its course and while such an inflammation is still active He reported two cases In one it was sufficient to remove the bony wall of the thorax In

Jackson C and Lee W E Acute Massive Collapse  
of the Lungs *Ann Surg* 1925 LXXXI 364

abdominal operation

The onset of the symptoms is usually very sudden  
and alarming in its severity. It may occur from a  
collapse of the lung on the right or left side.

movements of the well side by lying upon that  
side.

Definite steps for the prevention of massive col-  
lapse of the lung can be taken by the reduction of

Jackson discusses briefly the three types of  
bronchial obstruction and the pulmonary conditions  
by which they are followed.

J I BAKER DOCTORY MD

Burrell L S T and Melville S The Value of  
Lipiodol in the Diagnosis of Bronchiectasis  
*Lancet* 1925 CCIX 278

such therapeutic measures as artificial pneumo-

via Jackson has demonstrated its occurrence in  
cases of foreign bodies in the bronchi. Following  
abdominal operations its incidence is probably

## HEART AND PERICARDIUM

Schmieden The Results of Pericardiectomy in  
Chronic Retractive Pericarditis (Erfahrungen  
ueber die Perikardiektomie bei Pericarditis chronica  
retrahens) 49 Tag d deutsch G s f Ch r Berlin,  
1923

obstruction

Schmieden presented two patients upon whom he

therefore a problem of grave importance to deter-  
mine in a given case whether the left or the right  
ventricle or auricle should be freed first.

The subsequent treatment is also of importance

that the superior vena cava was obstructed. In another case the contour was seen to be immobile. A frontal view showed distinctly that the cause of this immobility was adhesions. It is desirable to take

described by Schmieden is necessary. By means of the latter method he obtained one cure lasting for seven years. In another case death resulted as he operated too late. In one case in which the cardiac disturbances were the result of shrinkage of the lung due to tuberculosis phrenicotomy was sufficient.

FISCHER (Frankfort) emphasized the importance of judging the functional capacity of the different parts of the heart in order to determine the operative method to be employed. He stated that it is generally assumed that the heart which is embedded in adhesions is small, but that this is not always the case; in some instances it may be enlarged. By means of the roentgen ray the motility of the various contours can be determined. In one case the X-ray showed that the apex of the heart was held fast and

diameters. An exact roentgen ray diagnosis is of great aid in the planning of the operation.

TILLMANN (Cologne) called attention to the differences in the various cases.

Other puncture and the child died. STETTNER (L)





does not mean that it should be tried before every operation

Injectons of protein have no diagnostic value whatever. The course of treatment consists of from

aspect as it can be given to ambulatory patients  
BRAUN (Z)

Balfour D C The Sequelæ of Gastro Enterostomy *Ann Surg* 1925 LXV: 421

appeared to have been unnecessary and was occasioned presumably by too wide an application of the operation. The author asserts that the operation should not be performed unless a lesion can be found and advocates intravisceral exploration when the operative findings contradict the positive clinical

and the addition of new ones the determination of an extragastric cause and the roentgenological findings

In the remaining cases of the series reviewed failure followed justifiable operation and was due to a defect in the operative technique concomitant but unrecognized intra abdominal disease or recurring ulcer

T. A. C. et al.

U. A. C. et al.

U. A. C. et al. Justifiable as

U. A. C. et al.

cidence of hæmorrhage is increased. Operative interference is therefore more strongly indicated

The surgical treatment is discussed. Ablation of the anastomosis may be the only surgical procedure or may be associated with pyloroplasty or gastro duodenostomy, cholecystectomy or appendectomy, re establishment of the anastomosis or partial gastrectomy. The technique is described in detail

DeLoe, Y. C. et al. and DeLoe, Y. C. et al.

*Chir. J.* 1925 LXV: 405

When vomiting of a persistent and alarming character occurs soon after an operation upon the stomach it becomes necessary to differentiate between ordinary peritoneal infection, vicious circle

factory pathological definition for vicious circle which will cover all possibilities it is defined clinically as a condition which develops suddenly several

These conditions however are due to errors in technique belonging to the period of experimentation in gastro-enterostomy and should not occur today. Several surgeons have noted a mild local inflammatory reaction about the anastomosis

The author reports two cases in which typical vicious circle appeared after gastro enterostomy and definite localized peritonitis was found about the anastomosis. Because of the thickening and fixation of the tissues an entero-enterostomy could not be done and a second gastro-enterostomy was performed. Prompt recovery followed. The etiological importance of localized infection is emphasized

Acute dilatation of the stomach may occur in 10 per cent (W J Mayo) of cases. All surgeons admit that

that the cause is mesenteric traction producing duodenal obstruction is untenable. He believes that the stage of gastric dilatation is the initial one and may be followed by secondary strangulation of the duodenum caused in part by traction of the over-distended stomach on the mesentery and in part by dilatation of the duodenum until it is too large for

paralysis account for some cases and mechanical

infection of the gastric contents occurs with toxicity and an increasing accumulation of fluid. Eventually secondary strangulation of the duodenum occurs

that the operation does not drain the stomach. Gatewood draws the following conclusions regard

Gosset A, Bertrand I and Charrier J. Fibro glioma of the Stomach (Fibrogliome gastrique). *J resse med* Par 1925 xxviii 745

The patient whose case is reported was an icteric emaciated man 56 years of age. For several months

cases of duodenal ulcer

3 It materially promotes the healing of duodenal ulcer by converting it to the status of an ulcer on the lesser curvature

4 It reduces intragastric tension

5 It affords material protection against perforation

6 It acts as a permanent safety valve. If an ulcer becomes reactivated the stoma will resume its function as soon as the irritation is sufficient to produce spasm of the pylorus

HARRY W BACHMAN M D

Schlaessl M B. The Treatment of Choice for Ulcer of the Duodenum (Quel est actuellement le traitement de choix de l'ulcère du duodénum). *J de chir* 1925 xxv 513

On the lesser curvature 4 cm from the pyloric ring

Gatewood. An Analysis of the Results Obtained in Gastric Surgery. *Surg Clin N Am* 1925 v 1043

In the treatment of duodenal ulcer gastroenterostomy will cure from 27 (Uduonda) to 94 per

the stomach is exteriorized for examination of the anterior pyloroduodenal region. The nature and extent of the lesions having been determined the gastroduodenal omentum is incised at the border between the antrum and the body of the stomach for a distance of 7 or 8 cm along the greater curvature and the small vessels that are cut are ligated. Free access is thus gained to the postomental space and the

purpose the stomach is drawn downward and to the left and then while an assistant holds the liver up the surgeon incises the lesser omentum in a line

fibers will be cut

The next step is to incise the vagus fibers. For this purpose a vertical incision is made on the posterior surface of the stomach passing from the lesser to the greater curvature through only the serous coat and a part of the muscular coat and stopping as soon as free bleeding occurs. As the

is performed

The completion of

period the author is convinced that this is the operation of choice. AUDREY G. MORGAN, M.D.

Horsley J. S. Unperforated Ulcers of the Terminal Ileum Symptomatically Simulating Appendicitis. *J. Am. Med. Ass.* 1925 LXXXIV 863

Horsley reports three cases of

For X-ray examination in diseases of the colon barium may be given by mouth or injected by rectum. The opaque enema is as valuable for the

of the bowel

Feces in the colon air locks pressure from without spasms and partial filling of the gut cause filling defects which may be easily diagnosed as organic. By means of the opaque enema it is possible to dis-

jections when the rest of the bowel is empty. The appendix is frequently visualized at the twenty

operation. In two cases an abdominal tumor was correctly located as unconnected with the gut.

At the Mayo Clinic a diagnosis of the presence of a colon

Fischer A. W. The Diagnosis Treatment and Prognosis of Tumors of the Colon. W. B. S.

Fischer discusses the following types of tumors

6. If a tumor is found in the

gland along the arteries toward the aorta and in the liver. The size of the growth bears no relation to its malignancy.

Inflammatory tumors are rare in the transverse and descending colons but common in the sigmoid. Inflammations of Cæcus & diverticulum are here the source of tumors which involve the entire circumference of the bowel and by contraction may lead to stenosis. Such tumors are often mistaken for car-

four to six weeks

exploratory laparotomy

The finding of a tumor in the abdomen is an indication for laparotomy. Mistaken diagnoses are obstipation, chronic enteritis, and hæmorrhoids. Besides these tumors of the organs lying in apposition

ascending colon demonstrated by percussion and palpation. A tumor is palpable in only half of the cases.

done in one stage

follows

After thorough instruction a contrast enema is given with the patient in the dorsal position and carefully followed on the screen. Then with the

Schloffer

In every case large portions of the bowel must be resected—in carcinoma of the right half of the colon

the entire right side and in carcinoma of the descending colon the entire left half of the bowel. In lesions of the transverse colon both flexures must be mobilized in order to make suturing possible after

Maes U. Appendicitis in the Aged. *New Orleans*

*M & S J* 1925 lxxviii 117

117

effluent loops and the formation of an artificial anus the latter in tumors of the lower sigmoid. Occasionally tumors become operable after palliative treatment as the result of diminution of the inflammatory covering.

In operable cases roentgen irradiation must be considered only as after treatment. In inoperable cases irradiation is done after the palliative operation.

establishment of free drainage constitute the only possible means of reducing the mortality. Since patients who develop fecal fistulae usually recover and since a late enterostomy usually does little good it is suggested that a Pezzer catheter or a Paul tube be left in the cæcum at the time of operation.

H. Hoyt Cox M.D.

117

The statistics of institutions and the returns of the Registrar General show that the mortality of appendicitis is increasing.

The death rate is proportional to the degree of

117

sigmoïdiennes dans le traitement de la stase intestinale chronique nécessité de la colectomie totale ou partielle) *Rev de chir* Par 1925 xlv 373

There is a great deal of uncertainty with regard

stasis has been proved incorrect. The bands and membranes which cause stenosis are the result in

Desgouttes L. Seventeen Cases of Abdomino-perineal Amputation of the Rectum for Cancer Systematic Lowering of the Upper End to the

Since 1

metastatic extension

In only two of the seventeen cases was the sphincter conserved

This series indicates that the combined operation

duced through the tract so that one loop traverses the fistula and the other traverses the bowel and the loop is then gradually tightened. This method

methods in the text are well illustrated by a series of drawings  
HARRY W. BACHMAN M.D.

#### LIVER GALL BLADDER PANCREAS AND SPLEEN

C. E. C. ...

is always possible but states that a previously performed colostomy on the left side increases the difficulty and danger  
LEO W. ZIMMERMAN M.D.

Pennell ...

The greater number of tests of hepatic function which were studied by the authors failed to show sufficiently specific changes to be of any great clinical value in the study of patients with obstructive jaundice. Following experimental obstruction of the biliary passages the fructose tolerance shows ap-

of obstructive jaundice are those in bile pigment metabolism ... of ... and ... function ...

## WATER

Walters W. and Mayo W. J. Abnormal Function of the Liver *J Am Med Ass* 1925 lxxiv 883

Life depends upon the oxidation of carbon Carbo

a toxemia which in the more severe grades may terminate in coma as in diabetes

On the contrary proteins can be converted into glucose to a considerable extent but they contain

unable to excrete this excess of nitrogen it accumulates in the blood most of it as urea and a small percentage as creatinin producing toxemia of which uræmia is a manifestation

## GLYCOGEN FUNCTION

Abnormal function of the liver may occur without evidence of hepatic disease for if the liver is not able to supply glucose to the tissues when they have been depleted by undue muscular activity acidosis will likewise result

much of fibrous tissue cirrhosis

## CHOLEMIA

The term cholemia is sometimes used to signify almost any untoward syndrome occurring in the

by the intravenous injection of glucose  
As shown by K. J. C.

venous injections of 5 c cm of a 10 per cent calcium chloride solution have been a part of the routine preparation of jaundiced patients for operation Besides an intake of from 3 000 to 4 000 c cm of water a carbohydrate diet is prescribed and large quantities of glucose are given by mouth and by proctoclysis

## METHODS OF STUDYING HEPATIC FUNCTION

As just intoned by intravenous injections of sodium chloride and sufficient water

Failing hepatic function is not easily diagnosed Close study of the patient with abnormal hepatic



*metastatic extension*

In only two of the seventeen cases was the sphincter conserved.

This series indicates that the combined operation is becoming less dangerous. In the author's opinion

quite close to the anal margin

author employs this method only in case of mild obesity or extensive lesions and those of very old patients for whom only a palliative operation is at

have resulted in a cure after operation has failed repeatedly. The various technical features described in the text are well illustrated by four sets of drawings. HARRY W. BACHMAN M.D.

#### LIVER GALL BLADDER PANCREAS AND SPLEEN

Greene G H, McVicar C S, Rowntree L G and  
177 4 Com

is always possible but states that a previously performed colostomy on the left side increases the difficulty and danger. I D M ZIMMERMAN M.D.

On the One into the Anal

tributary tracts must be opened up and the lining pyogenic membrane destroyed or removed.

In anal fistulae such treatment constitutes the

as this results in better tissue formation, better function, a better cosmetic effect and less danger from subsequent malignancy. The rectal and rectosigmoidal types of fistula are best treated by the seton or ligature method in which a small incision of the external opening is made if necessary, a seton or stout double ligature is intro

gall bladder and deep passages with a mortality of 9 per cent in ten cases of cholangitis with a mortality

T drainage was unnecessary but as simple palpation and sounding from the cystic duct is so often inadequate especially in the presence of irritation of the retroduodenal portion of the common duct the common duct was left unopened only when there was no history of jaundice chills or fever

A stone was extracted from the ampulla by the transduodenal route in one case and transduodenal hepaticoduodenostomy was attempted in two In eight especially severe cases choledochostomy or hepaticoduodenostomy was done A second opera

# Blebl M Report on Biliary Tract Operations

*Ztschr f Chir* 1915 cxxxix 283

Blebl first gives a general review of 716 cases of biliary tract conditions seen at the Kiel surgical clinic Five hundred and twelve were operated upon

Subsequent examination of 222 cases showed that the condition was very good (entire absence of symptoms) in 61 per cent relatively good (mild symptoms) in 33 per cent and unsatisfactory in 6 per cent That the T drainage was not responsible for the poor results is evident from the fact that when the common duct was open it gave good permanent results as often as simple cholangiectomy without T drainage Therefore in the Kiel Clinic the Kehr drainage is regarded as the procedure of choice Transduodenal drainage of the common duct and choledochoduodenostomy are still so new that their value has not yet been definitely determined On the other hand T drainage has such advantages that there is no good reason for abandoning it Besides T drainage Anchuetz has used for a long time in addition to choledochostomy dilatation of the ampulla with gall stone scoops of increasing size and with forceps

Early operation is indicated only in selected cases but should always be performed when indicated be cause neglected cases gave poor operative results Especially so-called emergency cases should be brought to early operation Otherwise the author agrees with the Enderlen Hotz principles

MARWEDEL (Z)

Marinelli F An Experimental Study of Wounds of the Extrahepatic Bile Ducts and of Cholemia (Contributo sperimentale allo studio delle ferite delle vie biliari extraepatiche e della colemia) *Falasin* Rome 1915 xxix sez chir 249

Clinical and experimental findings with regard to wounds of the gall bladder have always been contradictory the former have indicated that such

was 50 per cent

2 Cases in which operation was performed during an attack These also constituted 16 per cent of the total number The mortality was 9.7 per cent

3 Cases in which operation was performed during

The biliary fistula did not close entirely but the patient regained strength

At a second operation the fistula and the re

Kerr W J Delprat G D Epstein N and Dunlevitz M The Rose Bengal Test for Liver Function Studies on the Rate of Elimination from the Circulation in Man *J Am Med Ass* 1925 lxxv 942

Further work has confirmed earlier opinions of the value of the rose bengal test as a test for liver permeability and gross function The dye a crystalloid

gall bladder that was left the abdominal cavity was closed Healing resulted Microscopic examination of the removed gall bladder showed it to contain mucous membrane

Brook (Z)

Haines W D The Surgical Aspect and Management of Cholecystitis *Cincinnati J Med* 1925 vi 326

The author states that the absorption of concentrated bile activates the secretory mechanism of the liver increases the expulsive efforts of the ducts, relaxes the sphincter of the common duct and promotes the flow of bile

than ten minutes

3 The final mathematical result of the test is available in sixty minutes

4 The dye is easy to obtain in bulk easily

lasts only a week or ten days and is then followed by

Wischnowsky A W Double Gall Bladder Discovered at Operation Removal of the Diseased Accessory Bladder (Doppelgallenblase während der Operation aufgedeckt Exstirpation der erkrankten supplementären Blase) *Arch f Klin Chir* 1925 cxxxv 779

The author's patient was a 31 year-old woman

Posteriorly the small end of the mass was lost to

tamponed

Three days later when the wound was re-opened there was at first a discharge of pus and then of bile

Blutungen in den Darm) *Arch f Klin Chir* 1925 cxxxv 782

The author reports the case of a 32 year old woman who in her youth was believed to have an

men capsules which lay very close to one another. Immediately next to this hemorrhagic infarcted layer was a fibrous layer sparingly supplied with muscle fibers and on the outer side lay the serosa. The hemorrhages which were at first attributed to ulcer were undoubtedly of gall bladder origin.

The clinical picture presented by this case is extremely rare. It has no connection with the acute hemorrhagic cholecystitis which so frequently results in perforation and death. BUDD (Z)

# Blebl M Report on Biliary Tract Operations

*Ztschr f Chir* 1915 cxxxix 283

Blebl first gives a general review of 716 cases of biliary tract conditions seen at the Kiel surgical clinic. Five hundred and twelve were operated upon

per cent of the deaths were due to causes other than the original illness or the operation performed for it. Cardiac insufficiency in old cardiac cases and pulmonary complications were each the cause of death in 15 per cent of the cases.

current  
septic  
per c  
n "

was 50 per cent

2 Cases in which operation was performed during an attack. These also constituted 76 per cent of the total number. The mortality was 9.7 per cent.

3 Cases in which operation was performed during an interval between attacks—68 per cent of the total number. The mortality was 0.8 per cent.

Choledochostomy with T-drainage by Kehr's method was performed in 104 cases of stones in the

the retroduodenal portion of the common duct. The common duct was left unopened only when there was no history of jaundice, chills or fever.

A stone was extracted from the ampulla by the transduodenal route in one case and transduodenal hepaticoduodenostomy was attempted in two. In eight especially severe cases choledochostomy or hepaticoduodenostomy was done. A second opera-

Subsequent examination of 222 cases showed that the condition was very good (entire absence of symptoms) in 61 per cent, relatively good (mild

a drainage. Inereport in the Kiel Clinic the Kehr drainage is regarded as the procedure of choice. Transduodenal drainage of the common duct and choledochoduodenostomy are still so new that their value has not yet been definitely determined. On the other hand T drainage has such advantages that there is no good reason for abandoning it. Besides T drainage Anchuetz has used for a long time in addition to choledochostomy dilatation of the ampulla with gall stone scoops of increasing size and with forceps.

F luvon gion de fedent = 1 d "

MARWEDEL (Z)

Marin III F A - F - - - - -

unt y 3 222 312 1111 149

Clinical and experimental findings with regard to

gall bladder the second the insertion of a rubber tube into the gall bladder to produce a permanent biliary fistula the third section of the common duct and the fourth injuries of the wall of the common

one case plastic operation to enlarge the duct at the stricture seven cases resection of the stricture and suturing of the posterior half six cases and anastomosis of the common duct to the duodenum

two demonstrated that injury of the common duct whether complete section or not caused death in

Leveuf J and Berceanu D A Simple Procedure for the Diagnosis of Common Duct Stones with Obscure Symptoms (Un procédé simple pour faire le diagnostic des calculs du cholédoque à symptômes frustes) *Rev de chir* Par 1925 lxxv 422

AUDREY G MORGAN M D

Judd E S and Burden V G Benign Stricture of the Bile Ducts *Arch Surg* 1925 xl 439

patient i  
the occur  
When

value in lesions of the duodenum but most gall stones do not cast a shadow and even when a shadow

pigments into the urine occurs early and is transitory Delbet takes urine specimens every two hours after an attack each in a separate tube and examines them by a modification of the Crumbert method

To 10 c cm of urine 1 c cm of 10 per cent barium

well borne by full grown strong healthy dogs If the biliary tract does not become infected no symptoms are noted during the first four weeks Bile

ascites develops The causes of death are intoxication cachexia and cardiac weakness

Autopsy reveals a latent icterus In one dog skin icterus appeared In experimental animals as in patients latent icterus is frequently encountered

pigments are present

As a rule the pigments are found in the fourth or sixth hour In every case giving a positive reaction Delbet has verified the diagnosis of common duct stone by operation The procedure described is simple and accurate LEO M ZIMMERMAN M D

Haberland H F O Studies of the Bile Tract

CCXXV 248

On the basis of recent experiments Haberland concludes that obstruction of the common duct is

manifest icterus

NAEGELI (Z)

# GYNECOLOGY

## UTERUS

Crossen H S Improvements in the Operative Treatment of Uterine Retrodisplacement *Am J Obst & Gynec* 1925 x 327

Crossen classifies cases of uterine retrodisplacement into the following four groups Group A those in which the adnexa are intact and the tissues are freely movable Group B those in which it is

dominal wall and there attached He has given up the Webster Baldy operation

an inch

BOYER reported that he regards triplication of the uterosacral ligament as the best procedure He has never been able to find that the round ligament holds the uterus in the correct position The cervix should be maintained in the hollow of the sacrum

WARD stated that there is very definite need of

technique

most satisfactory results by the operation advocated by Simpson and Montgomery

E L CORNELL M D

Homans J The Treatment of Uterine Prolapse and Rectocele *Ann Surg* 1925 lxxxi 501

The operation described by Homans is based upon the procedure advocated in 1912 by Moschcowitz for the cure of rectal prolapse Moschcowitz demon-

same time fastens the corpus uteri forward The ligament is sutured to the posterior lateral portion of the uterus and is folded sufficiently to take up the slack

rectocele

The closure of the deep pouch is part of a combined

abdominal operation may be associated with considerable risk.

In the closure of the cul de sac a rather extreme Trendelenburg position is helpful. If examination with the pelvis exposed then demonstrates the presence of a very deep pouch of Douglas—that is a pouch extending down between rectum and vagina for 2, 3 or even 4 in. beyond the cervix—a pouch which probably has already been closed in some degree by the repair of the posterior vaginal wall—the cul-de-sac may be obliterated in any convenient way. Homans advocates spiral stitches of large chromicized catgut one for each side of the pelvis because the two stitches flatten the pouch from back to front and draw the cervix toward the sacrum with less

surface of the rectum in a series of turns up to a

intestine

In the disposal of the uterine fundus any one of several methods may be employed—a Gilliam sus

Of the thirty patients treated twenty two (73.3 per cent) were cured and four were benefited. A total failure occurred in four (13.3 per cent) of the cases.

Dan C " " " "

After the usual Pozzi tracheloplasty narrowing of the internal os often persists and the patient receives no benefit from the operation. In other cases there

incision to include the internal os. This measure obviates the usual difficulties and gives correspondingly better results. ALBERT F. DE CROAT, M.D.

Rubin I. G. Uterine Endoscopy Endometrosopy with the Aid of Uterine Insufflation. *Am J Obst & Gynec* 1925 x 313

Rubin examined forty two patients with the hysteroscope. Thirty five were so examined in the office and six in the hospital. The latter were patients requiring operation and were subjected to hysteroscopic examination as a preliminary procedure. Of the thirty five examinations made in the office two were unsuccessful because of cervical stenosis. Both of these patients were sterile. One patient was intolerant to the examination. In one

cases bleeding due to the introduction of the hysteroscope interfered with satisfactory vision. A No. 22 French gauge uteruscope was used. No further at

continue the examination when appreciable bleeding occurred.

practical. With the gas flowing at a uniform rate the pressure was best noted in the earlier cases. The 20 c.c. syringe was found applicable and convenient and is now used routinely.

In two instances the amount of gas used was sufficient to induce a subphrenic pneumoperitoneum associated with shoulder pains. These pains were slight and lasted only a few minutes. In five cases



It goes without saying that uterocopy should not be employed in the cases of ambulatory patients with

is attached an irrigating apparatus he separates the uterine walls directly. The angles are not seen.

ANSPACH stated that when he first started to use the uteroscope or the hysteroscope he was very

uterus and glandular hypertrophy

E. L. CORNELL M.D.

Seed L. Degeneration of Fibromyomata of the Uterus. *Surg. Gynec. & Obst.* 1925 21: 333

linguistic from underground to the color

In most of the specimens studied the degeneration

found

scattered bony areas most commonly associated with areas of hyaline degeneration

Infection of fibromyomata following degeneration is found also in cases of pedunculated and non pedunculated tumors

Rut

The author advocates systematic pre-operative radium therapy in operable cancer of the cervix because he finds that it simplifies operation. The cancer cells in the parametrium are usually destroyed by it and if any remain they are in the walls of the

operation

Many surgeons claim that pre-operative radium therapy causes peritoneal sclerosis which makes operation difficult and dangerous but the author maintains that both the roentgen rays and radium tend to atrophy the tissues and that sclerosis if it

three weeks after the use of radium is a

tion

danger of injury to the bladder and

and infection not a rare occurrence develop more frequently in patients operated upon and then irradiated than in patients treated by operation alone

AUDREY G. MORGAN M.D.

Doederlein G. Is There a Primary Mortality in the Treatment of Carcinoma of the Uterus with Radium? (Gibt es eine primäre Mortalität bei der Radiumbehandlung des Uteruscarcinoms?) *Zentralblatt f. Gynäk.* 1925 21: 852

In reviewing seventy seven cases of carcinoma of the uterus which were treated by operation Bumm

and Philipp reported that of four patients who were carriers of virulent streptococci three died. They reported also that virulent micro organisms were found in from 10 to 30 per cent of cases of carcinoma examined within a period of a year. The percentage

## ADNEAL AND PERIUTERINE CONDITIONS

Royster H A. The Pus Tube and Its Management  
*Am J Obst & Gynec* 1925 1 302

In the management of the pus tube

1

anodyne unnecessary. Large series of cases treated with and without salines have convinced the author that in those in which the salts were used the condition ran a shorter course.

The proper time to advise surgical interference in pyosalpinx is always open to debate. Operation need

1  
formed will be strong enough for protection and yet not too dense for manipulation and the diseased structures may be peeled out.

A correct decision as to whether and how to operate in pyosalpinx depends upon experience and careful observation. Royster states that there is something about patients with this condition—the facial expression, the feel of the pelvis, the history of the disease, the lay of the hand—that indicates what will be safe and successful.

the condition has cleared up and the patient has later become pregnant. In the acute period especially purgation is contra indicated. A dose of castor oil or of magnesium sulphate has caused a rise in temperature lasting from twenty four to forty-eight hours.

KING said that in gynecology as in other branches of medicine the aim should be the prevention of pathological changes and that we are not preventing such changes when we allow a suppurating tube to involve adjacent structures in inflammation and adhesions which eventually will require extensive surgery. The fact that a salpingitis subsides after several weeks does not necessarily mean that there

it may later give rise to symptoms necessitating its subsequent removal. This is not conservative gynecology.

WARD stated that he obtains very much better ultimate results.

Munich clinic has not discarded these procedures. It is possible however that the pressure of the radium capsule may force infected wound secretion into opened blood and lymph vessels. The author

namely the before it is removed

Gignoux F and Pollosson E. Lesions of the Cervical Stump After Subtotal Hysterectomy (Des accidents survenant au niveau du moignon cervical après hystérectomie subtotale). *Lyon chir* 1925 20 330

The authors discuss three cases of neoplasm developing in the cervical stump following subtotal hysterectomy.

Case 1 was that of a woman 40 years of age who was operated upon fourteen years previously for pyosalpinx. When she was seen by the authors she had an epithelial type of carcinoma of the cervix which was inoperable. Radium was used but death occurred at the end of two years.

Case 2 was that of a woman who was operated upon in 1919 for fibroids and ovarian cyst. In 1922 cervical bleeding occurred which was attributed to metritis. This was controlled for six months by curettage. When it recurred a large mushroom growth of adenocarcinoma was found. This was scraped away and radium was applied. Eight months later the patient was in excellent health.

Case 3 was that of a woman who had had a

which was seen as a transitional adenoma in which radium is more effective than in the epithelial type of growth. In the authors opinion the cervical stump should be removed vaginally in spite of the operative risk. GOSWAMI C. SCHWARTZ M D

It goes without saying that uterocopy should not be employed in the case of ambulatory patients with

scattered bony areas most commonly associated with areas of hyaline degeneration

Infection of fibromyomata following degeneration is found also in cases of pedunculated and non-pedunculated tumors

Rubens Duval II Local Treatment of Operable Cancer of the Cervix of the Uterus (Directrices du traitement local des cancers opérables du col de l'utérus) *Paris chir* 1925 xvi 164

is attached an irrigating apparatus he separates the uterine walls directly The angles are not seen

ANSPACH stated that when he first started to use the uteroscope or the hysteroscope he was very

The author advocates systematic pre-operative radium therapy in operable cancer of the cervix because he finds that it implies operation The

uterus and glandular hypertrophy

E. L. CORVILL, M.D.

Seed L Degeneration of Fibromyomata of the Uterus *Surg Gynec & Obst* 1925 xli 333

The gross and microscopic pathological changes in fibromyomata are described on the basis of a study of 200 specimens Occasional reference is made

of this

Many surgeons claim that pre-operative radium therapy causes perimetrial sclerosis which makes the author

its color

tion

danger of injury to the blood

cysts are present

Doederlein G Is There a Primary Mortality in the with et be Zen

to not

In reviewing seventy seven cases of carcinoma of the uterus which were treated by operation Bumm

firm foundation than the vague supposition of a direct functional stimulation

Twenty photographs and photomicrographs illustrate this very comprehensive report

PAPÉ (G)

**Cignozzi O** Mucoid Ovarian Cysts and Their Complications (Le cisti ovariche e le loro complicazioni) *Polidina* Rome 1925 xxxi sez chir 321

The author tabulates twenty four cases of mucoid ovarian cysts including the results of operation. These cysts may be formed by the occlusion of an unruptured graafian follicle or the invagination of aberrant embryonic epithelium. In either case the epithelium continues to secrete mucus and the cyst to enlarge.

The cysts vary in size and may be solitary or multiple. They generally develop during active sexual life and their growth is furthered by pregnancy. They are more frequent in multiparæ and become more evident after labor but the fact that they have been found also in infants and in women over 60 years of age supports the theory of their origin from embryonic inclusions.

The symptoms depend upon the size of the cysts. In cases of small ones not exceeding 300 c cm in volume and located in the true pelvis there are practically no symptoms. In cases of medium sized cysts from 500 to 2 000 c cm in volume and with an iliac or hypogastric location the symptoms are uterine or vesical. When the cysts are large the

these signs are negative

The operation of choice in cases of uncomplicated cysts is abdominal ovariectomy through a median subumbilical incision. The most recent statistics show a mortality of 4 per cent in operations for cystoma but in uncomplicated cases recovery results in 100 per cent. **AUDREY G MORGAN MD**

**Burger F** Several Cases of Infected Ovarian Cyst (À propos de quelques cas de kyste ovarien infecté) *Gynéc* 1925 xxiv 364

It is estimated that 3 per cent of ovarian cysts become infected. Infection occurs from the bowel

a large soft abscessed fibroid was mistaken for an infected ovarian cyst

**GOODRICH C SCHAUFELER MD**

**Beuttner A** The Operative Technique for the Removal of Intraligamentary Ovarian Cysts (Technique opératoire des kystes ovariens intra ligamentaires) *Gynécologie* 1925 xxiv 63 129

with regard to the removal of the cyst and the repair of the peritoneum. In this first step insurmountable difficulties are often met. Usually it is impossible to determine the relations of the cyst without first removing the pelvic organs.

In the presence of a unilateral cyst it is important

removed by dissection from below upward and from forward backward.

If the tube is found in front and at the base of the tumor and if it is to be conserved the posterior layer of the peritoneum should be incised parallel with the tube and the tumor removed from before backward.

varied. In one of the cases reported very rapid enlargement of the abdomen led to the erroneous diagnosis of peritonitis with ascites although the presence of an ovarian cyst was known. In another

Ever since the development of roentgen technique

roentgen rays is due to the destruction of the cells  
In the author's opinion the importance of the con-  
nective tissue and of the indirect general effect pro-  
duced by the irradiation have not been given suffi-  
cient consideration

Attention was called to the fact that

observation namely the preponderance of young  
follicles in irradiated ovaries has not been proved  
Furthermore the increase in young maturing follicles  
never even approaches the decrease in the primary  
follicles Consequently most of the primary follicles  
are undoubtedly not stimulated to growth but are  
injured or destroyed

In the experiments reviewed a strikingly large  
number of the young follicles had undergone degen-  
eration and the stimulation possibly acted only  
transiently The diminution of the primary follicles

accelerated

Neither was it possible to determine any stimulat-  
ing effect on the function of the ovaries Luteal  
hypertrophy was observed to be especially marked  
after isolated irradiation of the uterus No stimulat-  
ing effect was observed upon the secondary sexual  
characteristics With regard to the effect of the  
irradiation on the body as a whole nothing definite  
can be stated as yet

While the author does not desire to apply his ob-

be expected

In degeneration of the ovaries with the formation  
of small cysts a result can be expected only insofar as

stimulation can be ruled out

As stimulative irradiation of the ovary is used

Roentgen treatment may be of value for the  
hypoplastic uterus if the growth impulse of the or-  
gan responds first to the hormonal stimulation of the  
ovary

Geller suggests also reservation in temporary

The first few days after birth it is not rare to observe a flow of blood from the vulva. This is without importance and ceases in a short time. It is due to a transient utero ovarian activity and is analogous to the changes often seen in the breasts.

Irregular bleeding in girls between 3 and 10 years

in turn aggravates the hæmorrhages

may remain for a long time rhythmic while the hæmorrhages dependent upon cardiac renal or hepatic lesions may appear at any time following

that certain menorrhagias are associated with a tendency toward hemophilia and retardation of the coagulation time of the blood. In Basedow's disease hæmorrhages may occur for no very apparent reason. A familial tendency is sometimes found. A purely functional form often occurs with the onset of puberty and disappears spontaneously after the first few months or years. This is usually amenable to rest in bed.

Without doubt the endocrine organs are of great importance

this condition under observation over a period of twenty years and has never known one of them to develop cancer

In another lesion which is even more obscure the endometrium is softened and covered by a wine

the various cysts of the annexa are not especially common. Cysts of the ovary have little effect upon the general health and act only by interfering with the pelvic circulation. They are too often mistaken

seems to be of little importance at first but gradually increases in severity. This is usually due to systemic causes. The rarer type which appears after a considerable period of normal menstruation is more

The various hyperplasias of the endometrium and the form of endometritis mentioned may often be

sometimes found between the ages of 15 and 20

Chaillet A. Pelletier

more common are polypoid vegetations of the endo-

The author reports four cases in which he performed a supracervical hysterectomy and removed

and the nature of the pathological changes must be taken into account

Marsupialization of the cyst occasionally becomes necessary because of extensive adhesions or malignancy

Ventrofixation of the uterus is sometimes advised

obstruction due to an operation In three cases the operation of Popow was done and in two that of Schubert The author chose these operations in preference to the technically easier Baldwin and McAnulty operations

It requires less manipulation of the intestine

TAVILDAROW (2)

**Spencer H R** On Some Unusual Vaginal Fistulae  
*Am J Obst & Gynec* 1925 2 355

The author emphasizes the value of silver wire sutures in the treatment of vesicovaginal fistula and complete rupture of the perineum A hollow needle is used to introduce them He reports the following four cases

Case 1 A minute vesicovaginal fistula which was repeatedly overlooked until the vagina had been

Douglas Again the latter may be used to assure collapse of a cavity after complete repair of the serosa The use of a Mikulicz drain is reserved for very large defects especially when the cyst has been only partially removed

ALBERT F DE CROIX M D

**Black W T** Solid Teratomata of the Ovary  
Report of Two Cases *Am J Obst & Gynec* 1925 2 345

sutures

Case 3 A fecal fistula between the sigmoid flexure and the vagina which had been overlooked by

(RAVFS WARD and RAWLS stated that they favor the use of silver wire sutures MILLER BRETTAKER and

tient had also an imperforate anus

E L CORNELL M D

## EXTERNAL GENITALIA

**Kakuschkin N M** Five Cases in Which a Vagina Was Constructed from the Large Intestine (Furent Faelle von Bildung einer Vagina aus dem Mastdarm) *Festschr* 25 ja hr Int J Gyn u Okinichol Leningrad 1924

Four of the cases reported were cases of congenital defect of the vagina and one was a case of vaginal

## MISCELLANEOUS

**Stredley A** The Metrorrhagias of Girls and Young Women (Les métrorragies des jeunes filles) *Gynécol gie* 1925 XLIV 193

The vaginal metrorrhagias constitute an important group of pathological genital conditions They are common and due to a variety of causes which are difficult to diagnose

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Keller R. Intestinal Occlusion and Pregnancy  
Puerperal Pseudo Ileus (Occlusions intestinales et  
grossesse le pseudo ileus puerperal) *Gynécologie*  
1925 xxiv 354

Cases of intestinal occlusion due directly to pressure in an otherwise normal pregnancy are rare. The direct cause is pressure of the full uterus on some part of the bowel. In the majority of the cases the fetal head presses upon the pelvic colon or sigmoid. In pregnancy complicated by tumor or pressure caused by retroversion the likelihood of intestinal occlusion is increased.

Intestinal occlusion due indirectly to pregnancy is caused by the formation of adhesions. Such adhesions may be the result of a postpartum infection. When the bowel is adherent to the uterus angulation occurs as the adherent portion is drawn up with the growing uterus. A short mesentery hastens the event. Volvulus may occur.

### drainage

Even when at operation in such cases no cause is found it is wise to prepare an area where the bowel may be tapped if neces ary. The usual measures should be tried. GOODRICH C. SCHAUFFLER M.D.

Vallols and De Carréra. Normal Pregnancy in a Woman Who Had Had Pernicious Anaemia in a Previous Pregnancy (Grossesse normale chez une femme ayant présenté une anémie pernicieuse lors d'une grossesse antérieure) *Bull Soc d'obst et de gynec de Par* 1925 xiv 413

blood. She recovered within three months the

good health two weeks later.  
Normally the fetus of a

result of the neutralizing action of the hypercholesterinaemia of pregnancy. If this physiological hypercholesterinaemia fails to develop the destruction of red blood cells continues and pernicious anaemia develops.

This theory was confirmed in the case reported. When the patient entered the hospital in June 1924 the cholesterol content of her blood was below nor-

h n. had m m h i i - -

Ohlsson I. A Case of Leukæmia and Pregnancy  
(Ein Fall von Leukæmie und Schwangerschaft) *Acta gynec Scand* 1925 iii 317

To date twelve cases of leukæmia complicating pregnancy have been reported in the literature. In four the pregnancy occurred after the leukæmia had begun while in eight it began during the course of

the blood from the umbilical cord was normal. After delivery she was sent to the medical section and treated with the roentgen rays and arsenic. Great improvement in her condition resulted. After a week she was discharged free from subjective symptoms.

In pregnancy the leukæmia may be acute or chronic. In five of the acute cases reviewed the condition was fatal but in one it improved after delivery. The result is due more to the nature of the disease than to its complication with pregnancy. In chronic leukæmia the course of both the pregnancy and the leukæmia may be normal but as a general rule the pregnancy makes the leukæmia worse.

One patient with chronic leukæmia died soon



the tubes and ovaries for pyosalpinx. In three of the cases the operation was difficult and in two of these

tion of the presacral nerve in pelvic neuralgia, vaginismus, refractory dysmenorrhea, uterine hypoplasia with amenorrhea, metrorrhagia and leucorrhoea of ovarian origin. Leriche has used periaxillary sympathectomy also in kraurosis vulvae and in neuralgia following the application of radium.

In the authors' cases hypogastric periaxillary

xxv 653

The authors have obtained good results from hypogastric periaxillary sympathectomy and resuc

in cases of premature delivery 50 per cent and in cases of macerated fetus 50 per cent

Of 173 untreated women sixty three (36.4 per cent) were delivered of living infants without symptoms. Twenty three of the infants were born prematurely. Only 26 per cent of the mothers with syphilis have left the clinic with apparently healthy babies.

Of the 116 other women twenty seven (23.3 per cent) gave birth to a luetic infant while eleven (9.5 per cent) were delivered of a dead infant and sixty

per cent and of the latter 30 per cent died in the first week of life.

Only 40 per cent of the pregnancies complicated

serum test twenty two gave birth to apparently

twelve inadequately treated women five were delivered of a full term living child five of a premature but living child one of a full term luetic child and one of a macerated child. Of the women treated before and during pregnancy five had living full term non luetic children and one a luetic living child.

In the total number of treated cases living healthy

50 per cent luetic infants and 41.7 per cent dead

viewed albumin was found in the urine. In two cases the author was compelled to interrupt the treatment

**Hendry W B** A Clinical Analysis of 152 Cases of Ectopic Gestation *Am J Obst & Gynec* 1925 x 386

etiological importance. In 45 per cent of the cases reviewed by the author the condition occurred within two years of the last pregnancy. One of the patients a woman 35 years of age gave a history of fourteen full term pregnancies followed by twelve abortions in the three years following the birth of her last child. Over 35 per cent of the patients gave a history of pelvic disease.

The period of gestation at which the onset of symptoms most commonly occurs is between the fourth and eighth week but in 22.2 per cent of the cases reviewed unusual symptoms were noted before the fourth week and in 20 per cent after the eighth week. Pain a most important symptom is absent

made up by blood transfusion or the intravenous injection of gum acacia solution glucose or normal saline solution. In two of the cases reviewed auto transfusion was very satisfactory.

In the discussion of this report SCOTT stated that when the diagnosis is doubtful it can usually be rendered certain by colpotomy.

FOURKROD stated that the diagnosis must rest primarily upon the tactile sense and the initial

**Rlotte A** Diverticular Tubal Pregnancy (*Grosse se tubaire diverticulaire*) *Gynecologie* 1925 xxiv 273

The old

normal pregnant women because the enlarged liver and spleen take up a great deal of the room. Considering these facts it seems justifiable to induce abortion. In several cases this measure brought about considerable improvement.

Leukemia did not occur in the child in any of the cases reviewed. On microscopic examination of the placenta in Askanazy's case the blood of the chorionic villi was found normal while that of the intervillous spaces was leukemic.

ADOLF G. MORGAN, M.D.

**LeLorier Temporary Hypertension Uteroplacental Apoplexy Conservative Cesarean Section** (Hypertension transitoire apoplexie utéro-placentaire césarienne conservatrice) *Bull Soc d'obst et de gynéc d'Par* 1925 211 35

nephrosis

rhage and at 6 o'clock a second one and a few painful uterine contractions. At 8:30 a.m. she was sent to the hospital. On her arrival she fainted. At 3 a.m. violent and regular pains began. At 10 o'clock she was in a state of shock and operation became imperative.

A diagnosis of premature detachment of a normally inserted placenta was made and a cesarean section was performed. A small fetus which had been dead only a short time was removed. The placenta was followed by a mass of clots which confirmed the diagnosis. As the liver was normal and the hemorrhage

operation

Interesting aspects of this case were the marked

**Voron and Pigeaud Two Cases of Encephalitis in the Course of Pregnancy with Death of the Fetus in the Uterus** (Deux observations d'encéphalite au cours de la grossesse avec mort du fœtus in utero) *Bull Soc d'obst et de gynéc d'Par* 1925 211 394

The authors have reported two cases of

been dead since the beginning of the encephalitis.

The second patient whose case is reported was a woman of 19 years who at the end of January developed a very severe encephalitis with a tempera-

that in 1919 he reported one of the first cases of encephalitis occurring during pregnancy. The woman was delivered normally.

ca  
pri  
aft

REUTER stated that he had observed a normal delivery in the case of a woman with parkinsonism following encephalitis.

VORON called attention to the fact that the condition may have a medicolegal aspect. In one of his cases the mother was found in coma with the child dead by her side. ADOLF G. MORGAN, M.D.

**Matusovszky D. A. Syphilis and Pregnancy** (Lues und Schwangerschaft) *Mittheil f. Geburtsh u. Gynaek* 1925 122 173

The author emphasizes the great importance of

I  
war

is not always successful

By means of serological examination alone the in-

in cases of premature delivery 50 per cent and in cases of macerated fetus 50 per cent

Of 173 untreated women sixty three (36.4 per cent) were delivered of living infants without symptoms. Twenty three of the infants were born prematurely. Only 26 per cent of the mothers with syphilis have left the clinic with apparently healthy babies.

Of the 116 other women twenty seven (23.6 per cent) gave birth to a luetic infant while eleven (9.3 per cent) were delivered of a dead infant and sixty one (52.6 per cent) of a macerated fetus.

Of the ninety infants that were born alive twenty seven (30 per cent) had manifest symptoms of syphilis and sixty three (70 per cent) were without clinical evidence of the condition. Of the former 80 per cent and of the latter 30 per cent died in the first week of life.

Only 40 per cent of the pregnancies complicated

serum test twenty two gave birth to apparently healthy full term children one to a premature luetic child and one to a macerated child. Of twenty six incompletely treated women twenty three had living full term children one a premature but living symptomless child and two a luetic full term child. Of twelve inadequately treated women five were delivered of a full term living child five of a premature but living child one of a full term luetic child and one of a macerated child. Of the women treated before and during pregnancy five had living full term non luetic children and one a luetic living child.

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Riotte A. Diverticular Tubal Pregnancy (*Cronica tubaire diverticulaire*). *Gynecologie* 1925 xxiv 273

The old

then the presence of paratubal cavities communicat  
g with the lumen of the tube

Cristalli C The Use of Extract of the Hypophysis

Barz

*gynec et d obst* 1925 xx 218

Chatillon F Hypophyseal Extracts in Obstetrics  
*Rev franç de gynéc et d obst* 1925 xx 226

operated upon for ectopic pregnancy a tube was

adhesions between the fimbriated end of the tube  
and the ovary gave evidence of a long standing in  
fection

Serial sections of the tube proceeding from the

after giving off several fine branches The latter

of imminent rupture of the uterus serious heart  
lesions certain cases of eclampsia or imminent intra  
uterine asphyxia of the infant Hauch advises  
against its use also in the cases of primiparae when  
the head of the infant can be seen during the con  
tractions but labor does not seem to progress because  
of rigidity of the perineum An increase of the  
uterine contractions in such a case might cause the  
sudden death of the fetus The use of forceps is  
therefore better

DE SAINT BLAISE finds that hypophyseal extract is  
a good remedy but like all strong drugs must be used  
with intelligence and caution It should not be used

numerous masses of leucocytes In the author's  
opinion this was a true case of diverticular preg  
nancy

Three varieties of tubal diverticula can be distin

is exhausted or the uterus no longer reacts In such  
cases the use of forceps is preferable

CRISTALLI concludes that the action of extract of

## LABOR AND ITS COMPLICATIONS

Hauch E The Use of Hypophyseal Extract in Re  
peated Small Doses *Rev franç de gynéc et d obst*  
1925 xx 201

De Saint Blaise A B The Hypophysis *Rev franç  
de gynéc et d obst* 1925 xx 221

given by intramuscular injection and the best dose  
is 5 c cm Its action is generally almost immediate  
but may be delayed A second dose should never be  
given until the effect of the first is seen to be passing  
off

4 What unfavorable effects have you noted in the mother or child?

The forty seven replies received were in brief as follows

ANDERONIAS (associate professor and chief surgeon of the Maternity Hospital of Bordeaux) stated that

necessary

ALBERT (privat docent of the University of

Swiss obstetricians concluded that extract of hypoph

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Perpignan) has used it in about one of every ten

delivered children

eighty six cases spontaneous delivery occurred in

from - - -

I

if the ovum is intact. If the membranes are ruptured it may bring on labor. Almost all of the unfavorable effects on the mother from the use of extract of the hypophysis are due to failure on the part of the obstetrician to take the

extract of hypophysis is not dangerous when it is used with care

AUDREY C. MORGAN, M.D.

A Questionnaire on the Use of - - -

the

of

and

an

you

3 In what percentage of cases and when do you obtain spontaneous delivery?

in cases of right posterior presentation arrested in rotation because in such cases the application of the forceps is difficult. He always has the forceps ready to apply as soon as the head is oblique. Generally the injection of the extract is followed in from five to ten minutes by violent contractions. Because of the violence of action of the drug midwives should not be allowed to use it.

BOSHOUWERS (obstetrician of Valparaiso, Chile) stated that since 1911 he has used hypophyseal extract

I

I

in two or three hours after the first injection. Rupture of the uterus has never occurred. In one case

COUVELLAIRE (professor of the obstetrical clinic of the Faculty of Medicine of Paris) has never used

had a case in which all of the indications for hypophyseal extract were present in the absence of all contra-indications

hemorrhage

1 c cm. If crural tears are frequent but rupture of the uterus has never occurred. The infant is often in shock. There have been no deaths.

DEMELEY (former obstetrician and professor in

has used it twice in cases of moderately contracted pelvis but thinks this indication is unusual. He generally gives two ampoules of 1 c cm each at intervals of ten minutes. Delivery usually occurs in half an hour. Since the war there have been no maternal or fetal accidents in Brouha's cases. In 1913 however an infant was asphyxiated and could not be revived.

uterus

DIJOL (obstetrician of the hospitals of Saint Etienne) uses hypophyseal extract in 10 per cent of his cases to bring on labor in premature rupture of the membranes or hemorrhage from placenta previa and in inertia at the beginning of the first stage or during the second stage. He uses 1 c cm and never repeats it more than once. Delivery of

other  $\frac{1}{2}$  c cm after delivery to prevent secondary inertia. Its action varies greatly. In favorable cases

FRUHNHOLZ (professor of the obstetrical clinic of the Faculty of Medicine of Nancy) uses it in about 4 per cent of his cases but only in the latter part of dilatation when there is no mechanical obstacle and in the cases of multiparæ. The average dose is

results are obtained in the latter part of the second stage of labor. Delivery generally occurs in half an hour but the effects of the drug are inconstant. There is no danger to the mother or the child if the contra indications are observed.

GAUJON (obstetrician of the Maternity Hospital of Carcassonne) uses it only when there is complete dilatation after arrest of the pains. Sometimes good results are obtained and sometimes none at all. There have been no accidents to the mother or the child.

GONARD (surgeon of the hospitals of Algiers) rarely uses it and distrusts it more and more.

HUCÉ (obstetrician of Nantes) used five or six sample ampoules but as they had no effect he has abandoned the use of the extract.

KEIFFER (associate professor of the University of Brussels) stated that for the past eleven or twelve years he has used hypophyseal extract in about three of every ten cases. He believes it is indicated when the uterus is exhausted or atonic and when the resistance of the lower segment has been for the most part overcome. He uses two ampoules. In six of ten cases spontaneous delivery has occurred in from twenty minutes to three quarters of an hour. There have been no accidents to the mother or the child.

LEMELAND (obstetrician of the hospitals of Paris)

cases spontaneous delivery has occurred after from fifteen to forty five minutes.

LEVANET (obstetrician of the hospitals of Paris)

delivery of the placenta after two hours and for

results

GRUBER (of Mulhouse former resident of the hospitals of Lyons) uses it very little as he considers it dangerous.

HARDY (of Paimbeuf former resident of the hospitals of Nantes) uses it in nine of ten cases giving 1 c. cm. at a dose. The os should be dilated to the

limited

RHÉCASSIS (professor of the Faculty of Medicine of

cases after its use

RHÉCASSIS (associate professor of the Faculty of Medicine of Lyons) favors the use of hypophyseal extract only when the head is engaged dilatation is advanced and there is no pelvic dystocia or cardio



pulmonary weakness. He states however that sometimes it is absolutely ineffective while at other times it is too powerful. Its use may be followed by violent contractions which may do serious harm if

the palm of the hand. He never employs it in cases of pelvic dystocia. He gives  $\frac{1}{2}$  c cm. of the Choay or Carnon preparation and another  $\frac{1}{2}$  c cm. half an hour later if the first is not effective. In half of

has the forceps ready for use

had not been used

SCHUCKLE (professor of clinical obstetrics and

forty five to ninety minutes. In about 1500 cases there has been no serious accident to mother or child. SCHWAAB (obstetrician of the Rothschild Hospital)

third stage of labor

TRILLAT (associate professor and obstetrician of the hospitals of Lyons) does not use it because he

labor two hours or more. The usual dose is 1 c cm. sometimes this is repeated in half an hour. Tears of the perineum are more frequent than after normal labor but not more frequent than after forceps delivery. The death of one child was attributed to the use of the extract because no other cause could be

principally the same as

VORON (obstetrician of the hospitals of Lyons) uses hypophyseal extract in from 1 to 2 per cent of

child. The only indication that he recognizes is in sufficiency of the pains during the second stage of labor.

ZARATE (professor of clinical obstetrics of the

Schwarz O H and Paddock R The Cesarean Scar *Am J Obst & Gynec* 1925, x 133

This article consists of a description of two uterine incisions five days after operation and one uterine incision six days after operation a report of the findings in a series of operations on the pregnant guinea pig near or at term and a comparison of the authors findings as regards the healing of the cesarean incision with those of others regarding

of fibrin between the cut muscle edges forms the basis from which healing takes place In cases in which approximation is good the line of defect should be very small Fibroblastic proliferation which can be considered practically normal healing indicates that the early process is similar to that in

line of incision between the adjacent muscle bundles As the scar contracts it simulates more and more the normal pattern of the uterine wall and ultimately is not demonstrable on histological examination

clearly demonstrated from twelve to twenty five days after the incision is made In the later stages the line of scar tissue formation with its ramifications is so contracted that on histological examination it is difficult to make it out and it assumes very

low vitality of the tissue under such circumstances filling of the defect by granulation tissue should take place only after a more prolonged period of time and therefore the much more rapidly proliferating endometrial tissue will have an opportunity to enter and line the defect It is obvious that the more extensive the cutting through of the sutures the greater will be the amount of necrosis and the greater the defect The sutures may cut through more readily also because of an increase in the necrosis due to infection of the wound

E L CORNELL M D

uterus The frequency and extent to which this takes place is due undoubtedly to the marked abundance of endometrial tissue in these uteri

The authors agree with Couvelaire that in the human uterus the deposition of a considerable band

## GENITO-URINARY SURGERY

### ADRENAL KIDNEY AND URETER

Verliac and Fey Tuberculosis and Biscuit Shaped Fusion of the Kidneys (Rein en galette tuberculeux) *J d urol mtd et chir* 1925 xiv 160

Verliac and Fey describe in autopsy specimen of fused kidney removed from the body of a patient who had been operated upon for tuberculosis of the right kidney. The attempt at nephrectomy was unsuccessful and the patient died from the effect of the hæmorrhage.

nephrectomy as the treatment of choice and believes that the X ray and radium should be used only in inoperable cases or as adjuncts to surgery. Involvement of the renal veins does not necessarily render the prognosis more serious. The thrombus should be removed.

The prognosis in cases of renal neoplasms is unfavorable. In the cases reviewed a three year cure was obtained in 26 per cent a four year cure in 20 per cent and a five year cure in only 9 per cent.

ALTON OCHS, M.D.

Judd E. S. Partial Resection of the Kidney  
*Ann Srg* 1925 lxxvii 428

The conditions for partial resection of the kidney depend upon the nature and extent of the lesion and the health and functional activity of the other renal tissue.

In cases of tuberculosis or neoplasm nephrec

ALBERT F. DE CROAT, M.D.

Hyman A. Clinical and Surgical Aspects of Renal Neoplasms *Surg Gynec & Obst* 1925 vii 208

The author reviews seventy cases of renal neoplasms, forty four of which were hypernephromata. More than half of the patients were in the fourth and fifth decades of life. Calculi were found in three cases. The initial symptom was hæmaturia in 36 per

cent, doing all of the work, atrophy of the fragment is inevitable. Occasionally, as when one kidney has already been excised, there may be no choice but

technique is not yet perfect enough to prevent sinuses from calyces or pelvis but such sinuses heal promptly. The operation is performed through a posterolateral incision. Mobility varies, vascular connections are inconstant and the sound segment must be assured of an adequate blood supply before vessels to the diseased portion are clamped. The renal incision is made through normal tissue which has been proved to be normal by microscopic examination. A hydronephrotic sac may be peeled out. After suture the area of resection is covered by a portion of the fatty capsule. The ureter is severed just above its point of juncture with the common ureter.

Two cases of successful resection of a double kidney are reported.

The anatomical difficulties of resection of a horse shoe kidney are defined and five cases are reported.

**Robert O. The Prolapse of the Bladder**

In the case of a 3 year old boy with exstrophy of the bladder rectal implantation of the ureters was done by the Bergenhem technique Twelve years

Autopsy revealed complete exstrophy of the bladder The left kidney had been practically re-

dilatation the bladder mucous membrane is pushed up into the dilated cavity

The prolapse may involve one or all of the tunics of the ureter As a rule the mucous membrane is the first to prolapse

The condition occurs with equal frequency in

author concludes therefore that it is always due to abnormally violent ureteral contractions caused by obstruction due to a calculus a clot or small size of the ureteral opening

#### ALTON OCHSNER M D

**Mercier O Intravesical Prolapse of the Lower End of the Ureter** (Le prolapsus intravésical de l'extrémité inférieure de l'uretère) *J d urol méd et chir* 1925 xix 402

Mercier reviews six cases of intravesical prolapse of the lower end of the ureter which have been re-

As prolapse of the ureter is a secondary condition its cause must be treated If treatment is directed only to the prolapse a recurrence always develops If there is

and ureterectomy were performed as the calyces pelvis and ureter were markedly dilated and kidney function was practically abolished

AUDREY G MORGAN M D

#### BLADDER URETHRA AND PENIS

**Hilman F and Kutzmann A A Congenital Valvular Obstruction of the Posterior Urethra** *J Urol* 1925 xiv 72

The

marked enlargement of the ureter and periurethritis At about the middle of the ureter a calculus the size of a bean was found Simple expression on the ureter did not reproduce the prolapse but it re-occurred when a few movements were made from above downward

Prolapse of the ureter is often confused with cystic dilatation In true prolapse one or more of the tunics of the ureter are prolapsed through the ureteral orifice into the bladder and in the prolapsed mass none of the elements of the bladder wall are to be found on microscopic examination In cystic

groom was reduced and a leucocytosis was present

Also in every instance the initial symptom was urinary disturbance. In one case this dated back to birth. The longest history of urinary disturbance was ten years. In two cases the obstruction caused uræmia. In all of the cases except the sixth the valves were destroyed and the treatment consisted in suprapubic cystotomy, fulguration and perineal prostatotomy and the use of tube drains. All of the

# GENITAL ORGANS

Wesson M B Cysts of the Prostate and Urethra  
J Urol 1923 xii 605

The author discusses cysts of the prostate and urethra from the standpoint of their classification, etiology, location, pathology, symptoms, diagnosis and treatment.

## tention cysts

Cysts may be congenital or acquired. Acquired cysts are due to compression of the gland ducts or the vicarious development of mucous glands. The active agent in their formation is usually some inflammatory process. Cysts are found through the

condition was found during an operation for sup

from the literature

1 Inflammatory excrescences and lymphocystic lesions of the vesical orifice are often mistaken for

from none to definite interference with the act of micturition depending upon the size and location of the tumor

utricle

7 The cysts located at the vesical orifice undoubtedly arise from the subtrigonal glands

8 Cysts appear translucent through a cystoscope

necessary

the secondary damage

the sac and destruction of the base. This is accomplished by cystoscopy or cystotomy—suprapubic or perineal

11 Cysts and other developmental abnormalities of the utricle are not uncommon

12 Small cysts of the urethra and verumontanum give the symptoms of a posterior urethritis

13 The treatment of choice is fulguration or the use of the Nitze cautery as the cure can be effected at one office visit and without the use of even a local anæsthetic

14 Four new cases of cysts of the prostate are reported (a) a cyst of the vesical orifice in a man with retention (b) a cyst of the vesical orifice in a woman with incontinence (c) a broad based cyst of the vesical orifice causing difficulty in emptying the bladder and (d) a cyst in the lateral lobe of a prostate causing no symptoms

15 Twenty nine cysts of the prostate are reported from the literature exclusive of Home's case which was a diverticulum of the bladder and not a cyst of the prostate C D HOLMES M D

# MISCELLANEOUS

Shaw F C 1911 11 20 4 - 2

The authors discuss the epidemiology clinical course and treatment of urinary fistula report three cases and describe the bacteriological findings in an unusual type of infection which occurred in the wounds of patients operated upon on the urological service of the Johns Hopkins Hospital in the spring of 1904

cultures it was found that the infection was carried on the hands of the orderlies The hands of the surgeons internes and nurses were free from it

ered by a thin black necrotic membrane which frequently was encrusted with urinary salts In several cases secondary ulcerations occurred in the neighboring tissues

In these infected cases the average time of con-

then used for prophylactic irrigation No new cases developed The pain associated with this type of infection was often so severe as to necessitate the administration of a narcotic

The organisms in the direct smear as well as in the cultures were plump rods which were coccoid and averaged 1 by 1½ micra in size They were non-

f  
~ ~ ~

Henline R B Hexyl Resorcinol in the Treatment of Fifty Cases of Infections of the Urinary Tract *J Urol* 1915 xiv 119

In fifty cases of urinary infection Henline used hexyl resorcinol with very good results The drug is non toxic when given by mouth It is a stable compound and in high dilutions of urine with any

ALTON OCHSNER M D

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Duguet and Clavelin Chronic Non Tuberculous Arthritis of the Hip in the Adult (Les arthrites chroniques non tuberculeuses de la hanche chez l'adulte) *Rec de chir* Par 1925 lxxv 321

Chronic non tuberculous arthritis of the hip is

fully adult cases in which the condition

The authors conclude that in many cases osteo chondritis varies in its pathologico anatomical

## SURGERY OF THE BONES JOINTS MUSCLES, TENDONS ETC

Vulpius The Division of Function in Tendon Transplantation (Die Funktionsteilung bei der Sehnenüberpflanzung) *Ztschr f orthop Chir* 1925 xlv 91

should not be refused on principle since as in suitable cases it may have good results ERLACHER (Z)

Curtillet J and Tillier R Vertical Extension of the Leg in the Treatment of Acute Osteo-Articular Diseases of the Hip (L'extension verticale du membre inférieur dans le traitement des affections ostéoarticulaires aiguës de la hanche) *J de chir* 1925 xxv 513

Vertical extension has been used for some time in the treatment of fractures of the hip The authors have found that in acute infectious diseases it greatly decreases the mortality The leg is fixed at a right

point

One of the chief advantages of this method over the use of a plaster cast is its cleanliness Another advantage is that it prevents sacral decubitus and pathological luxations There should be no circular band about the ankle or at any point on the lower third of the leg

— — — — —

toward ankylosis In one case of tuberculous arthritis in a child 3 years old the swelling disappeared a fistula closed up and normal use of the hip was regained

Eight cases treated by the method described are reported in detail ANDREY G MORGAN M D

## FRACTURES AND DISLOCATIONS

Wilson P D Joint Fractures Boston M & S J, 1925 cxcv 333

From a study of the findings of an industrial board the author draws the following conclusions

1 The treatment of the majority of joint fractures is very unsatisfactory

2 The poorest results are obtained in fractures of the elbow knee ankle and hip

3 The best results are obtained in fractures of the shoulder and wrist

4 The treatment of fractures of the elbow and knee should be revised

A distinction must be made between juxta articular and intra articular fractures. The latter are fractures passing through the articular cartilage. Juxta articular fractures because of their relation to the soft tissues about the joint result as a rule in periarticular changes instead of changes within the joint itself.

Intra articular fractures must be divided into those with fissuring of the articular surface but without displacement and those with marked displacement or dislocation of the joint. Intra articular fractures cause injury of the articular cartilage deformity of the articular surface and damage to the ligaments. Cartilage defects persist and may be the starting points of degenerative changes. Distortion of the contour of the articular surface results in excessive wear and traumatic arthritis. Limitation of joint motion results from scar formation in the capsule ligaments and adjacent muscles or from bony changes between or around the articular surfaces. In some cases of joint fractures permanent loss of function may result. In others recovery may be followed by a return of the disability due to late changes such as traumatic arthritis.

Attempts at early closed reduction should be made

**Lambotte A. Transarticular Nailing in Fractures Near Joints** (*L'ostéosynthèse par clouage transarticulaire dans les fractures juxta articulaires*)  
Paris *chir* 1925 2:11 145

In 1924 the author described a new technique for osteosynthesis in fractures of the neck of the femur. In this article he describes its use in transverse and oblique fractures of a metacarpal near the metacarpophalangeal joint.

A median incision is made over the fractured metacarpal beginning 4 or 5 cm. above the joint and ending at the upper third of the corresponding phalanx. The extensor tendon is then incised down

driven into the axis of the head and shaft of the metacarpal. The nail is held with a hemostatic

must not be touched by the surgeon's hands or the patient's skin.

The same technique may be used also in fractures of the neck of the radius, juxta articular fractures of the lower end of the ulna, intra articular fractures of the condyles of the knee and elsewhere.

ANDREY G. MORGAN, M.D.

McWhorter

Am 1925 v 1005

McWhorter briefly reviews the literature on fracture of the greater tuberosity of the humerus and advocates the posterior approach to the shoulder joint in the operative treatment of this condition. In the two cases reported the technique was as follows:

capsule

The loose fragment was removed and the tendons were sutured in position. The supraspinatus and infraspinatus and teres minor muscles were somewhat contracted. They were loosened up with care to avoid injury to the vessels and nerves. With the arm

continuous catgut sutures

After the operation a body cast was applied with

resulted



under local anesthesia S C WOLFFBERG MD

The incidence of fractures of the pelvis has been increased since the advent of rapid transportation and modern manufacturing methods. Of the fractures not involving the pelvic rim the most interesting are the marginal fracture and the central fracture of the acetabulum. The marginal fracture is generally associated with backward dislocation of the hip.

#### functional results

Fractures of the sacrum are of interest only when displacement and nerve injury are present. Reduction may be effected through the rectum. Fractures of the coccyx are of importance only in the production of coccygodynia. Isolated fractures of the ischium are rare.

The treatment of pelvic fractures is divided into that of the fracture and that of the soft parts. Injuries to the urethra and bladder are most frequent and of the greatest importance. Rupture of the bladder is suggested by a strong but ineffectual desire to urinate and the fact that only small quantities of

pathognomonic

FREMONT A CHANDLER MD

Wheeler Sir W I DeC Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity Lecture III *Lancet* 1915 ccix 48

In this article the third of a series of four on fractures of the pelvis and lower extremities the author considers principally fractures of the femur in the region of the knee joint. He is an advocate of reduction by extension and uses the Thomas splint for this purpose applying from 20 to 40 lbs weight for traction. The traction is usually maintained with weights but fixed traction in plaster of Paris is mentioned.

ments of the particular case

C. E. B. & Co. Ltd.

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

used the same technique as before but wound a second piece of rubber tissue around the blood vessel and fixed it with a few stitches of very fine linen. He

as follows

The dog is anesthetized by a subcutaneous injection of 1 cgm of morphine hydrochloride per kilo gram of body weight and the superior two thirds

made at intervals ranging from nine to one hundred and forty five days. At necropsy no hæmorrhage

is cut out an opening about 3 mm long and 2 mm wide being made

tissue

The rubber tissue was found in a hard connective tissue capsule also in the dogs killed after a longer interval. The

interior

The constancy of the occlusion of the vessel by the thrombus

used

The implantation of dead tissue has given favorable results only in the cases with small lesions. In such cases the endothelium of the blood vessel may quickly grow over the breach. If healing does not occur with a certain rapidity dead tissue also acts as a foreign body slowly giving rise to a thrombus.

The only advantage of the author's method is the marked advantage in ligation as the subsequent progressive obliteration is so slow that it gives

suggestion of applying a little liquid paraffin and sodium citrate on the tissue covering the wound but even this did not give complete adhesion. He then

under local anesthesia S C WOLDENBERG MD

The incidence of fractures of the pelvis has been increased since the advent of rapid transportation and modern manufacturing methods. Of the fractures not involving the pelvic rim the most interesting are the marginal fracture and the central fracture of the acetabulum. The marginal fracture is generally associated with backward dislocation of the hip.

Fractures of the sacrum are of interest only when displacement and nerve injury are present. Reduction may be effected through the rectum. Fractures of the coccyx are of importance only in the production of coccygodynia. Isolated fractures of the ischium are rare.

The treatment of pelvic fractures is divided into that of the fracture and that of the soft parts. Injuries to the urethra and bladder are most frequent and of the greatest importance. Rupture of the

duced by abduction and internal rotation by the method of Whitman if the patient can withstand the anesthetic. Retention in plaster is followed by protected weight bearing over a long period.

Fractures of the trochanters are rare with the exception of fractures of the epiphyses occurring before the eighteenth year of age. The most common is avulsion of the lesser trochanter by the pull of the iliopsoas muscle. Inability to flex the thigh is pathognomonic.

Fractures of the femoral shaft in the upper middle and lower thirds seldom require operative treatment. Reduction under anesthesia and continued traction by means of a Thomas splint are indicated.

FREMONT A. GRANDLER MD

Wheeler Sir W. I. DeC. Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity. Lecture III. *Lancet* 1925 cclix 437.

In this article the third of a series of four on fractures of the pelvis and lower extremities the author considers principally fractures of the femur in the region of the knee joint. He is an advocate of

mentioned

ments of the particular case

Union Bone Grafting is indicated  
CHESTER C. SCHNEIDER MD

# SURGICAL TECHNIQUE

## ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Wounds and infections are common in surgery. The treatment of these conditions is a major part of the surgeon's work. The first step in the treatment of wounds and infections is to clean the wound and remove any foreign material. This is followed by the use of antiseptics to kill any bacteria that may be present. The final step is to close the wound and dress it properly.

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COLEBROOK considers septicæmia from the standpoint of pathology. A method of determining the

bacterial growth in the blood is the method of determining the

method of determining the

method of determining the

Gatch W D Trusler H M and Owen J E  
The Treatment of General Septicæmia by  
Gentian Violet and Mercurochrome—220 Sol  
uble *J Im M Ass* 1925 lxxv 894

The injection of gentian violet and mercurochrome in safe doses into the blood stream of rabbits with

day the causative organism has been isolated a

powers of the animal SAMUEL KAHN M D

Starr C L The Treatment of Tuberculous Abscess and Sinus *Med J Australia* 1925 ii 183

Secondary infection greatly increases the mortality of tuberculous abscess. Mixed infection is the cause of amyloid disease

sufficient time for the establishment of collateral circulation and thus decreases the danger of gangrene. The method may be used for small lateral lesions of large blood vessels when suturing is impossible because of anatomopathological conditions of the vessel or urgency of the repair.

SALVATORE DI PALMA, M.D.

Chia - - -

# BLOOD TRANSFUSION

Pala - - - - -

The patient whose case is reported was a 62 year

It is generally recognized that congenital hemolytic icterus responds promptly to splenectomy, the icterus disappearing completely within a few days after the operation. However, the fragility of the corpuscles persists for a considerable length of time. No explanation has been offered for this dissociation of the icterus and the fragility.

The author cites a typical case of congenital hemolytic icterus due probably to hereditary spherocytosis in which the jaundice disappeared nearly completely on the day following splenectomy, vanished entirely after a few days and never recurred. The 4 year old patient thereafter remaining perfectly well. Studies of the resistance of the corpuscles however revealed that even at the end of twenty three months it had not yet reached normal. The author explains this phenomenon as follows:

The spleen constitutes the center of hemolysis and splenectomy suppresses the primary cellular destruction - - - - - dis-

more transfusions of 100 ccm each were administered during the following month. The hemorrhagic manifestations then ceased and the hematoma regressed but the general condition remained pre-

# PHYSICO-CHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Hofelder H. The Proper Time Distribution of

64

The author begins this article by stating that the problem of the proper distribution of roentgen ray dosage has been solved by investigations made by him and by others and by his method for the proper selection of the fields of application. He then discusses the previous mechanical theories of the carcinoma dose which have been advanced up to the present time and reviews experiences in the irradiation of mouse carcinomas and the conclusions drawn therefrom. The essential action of therapeutic roentgen irradiation is destruction of the carcinoma cells.

However indiscriminate destruction of all carcinoma cells by one roentgen irradiation is impossible. The cells which have been weakened by the irradiation must be overcome by increased resistance of the body.

In order to settle the question of the suitable time distribution of the roentgen ray dose the author

phase difference will therefore be greater the longer this period lasts. Through the use of roentgen rays with very short wave lengths the reaction times of the different cell groups may be increased. Furthermore this conception of a phase difference demands that the unknown period should not be disturbed by a second intervention and that the total dosage should be followed by a pause of two or three months.

With the great increase in the intensity of the short wave roentgen rays from modern apparatus a decided increase in the so called early reaction has been achieved. This early reaction which is obtained with relatively small and highly concentrated fractional roentgen ray doses may be employed to obtain sensitization by giving to the tissue which has been sensitized by an early reaction the rest of the dose on the second or third day. Moreover by the strong concentration the total dosage may be reduced a reduction which will be of aid in diminishing an excessive general effect. The danger that the tumor cells may become accustomed to the effect of the irradiation is also less.

This distribution of the total dosage over two three four or five days must not be confused with the so called scattered dosage. Neither is it comparable with the less concentrated dosage given by

Beck (2)

Russ S. Cellular Changes Due to Irradiation  
*Brit M J* 1925 II 340

The exposure of the body to radiation ranging from light to gamma radiation gives rise to profound changes differing in character and degree.

plant seeds

With regard to scattered dosage in which we have deviated from the old postulate of Perthes that the total dosage should be given in a short period of time

Hemotherapy has focused attention on the indirect

which period which follows

lymph or the nervous system

reaction to the roentgen rays between carcinoma and

Pathological research has shown that cellular degeneration is a frequent sequela of the irradiation of tissues. It consists in various abnormal changes appearing in the cells at different times after irradiation. These changes may be due to (1) a direct

The abscess develops by the caseation and liquefaction of a tuberculous focus in bone and breaks through and extends into the soft tissues. In a large percentage of cases the abscess will recede. Efficient treatment of the local condition requires recumbency with protection from movement and protected

## ANÆSTHESIA

Beckman H. The Alleged Synergism of Magnesium Sulphate and Morphine. *J Am M Ass* 1925 lxxxiv 332

Beckman carried out experiments on dogs to

joint

If the abscess progresses and works closer to the surface aspiration is advisable.

The injection of antiseptics has no place in the treatment of tuberculous abscesses.

In cases of sinus formation nothing should be

morphine

From these experiments and those of others he concludes that the alleged synergism between magnesium sulphate and morphine does not take place.

GEORGE R. McARTHY M.D.

adequate drainage are great and the mortality is high

H. HOTT COX M.D.

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NOTE—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF THIS ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

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### Eye

Report of a case of perforating wound of the eye with retention of a piece of glass R COLLEY Brit M J 1925 ii 382



Various factors bearing upon the pathological <sup>1</sup> <sub>2</sub> <sup>3</sup> <sup>4</sup> <sup>5</sup> <sup>6</sup> <sup>7</sup> <sup>8</sup> <sup>9</sup> <sup>10</sup> <sup>11</sup> <sup>12</sup> <sup>13</sup> <sup>14</sup> <sup>15</sup> <sup>16</sup> <sup>17</sup> <sup>18</sup> <sup>19</sup> <sup>20</sup> <sup>21</sup> <sup>22</sup> <sup>23</sup> <sup>24</sup> <sup>25</sup> <sup>26</sup> <sup>27</sup> <sup>28</sup> <sup>29</sup> <sup>30</sup> <sup>31</sup> <sup>32</sup> <sup>33</sup> <sup>34</sup> <sup>35</sup> <sup>36</sup> <sup>37</sup> <sup>38</sup> <sup>39</sup> <sup>40</sup> <sup>41</sup> <sup>42</sup> <sup>43</sup> <sup>44</sup> <sup>45</sup> <sup>46</sup> <sup>47</sup> <sup>48</sup> <sup>49</sup> <sup>50</sup> <sup>51</sup> <sup>52</sup> <sup>53</sup> <sup>54</sup> <sup>55</sup> <sup>56</sup> <sup>57</sup> <sup>58</sup> <sup>59</sup> <sup>60</sup> <sup>61</sup> <sup>62</sup> <sup>63</sup> <sup>64</sup> <sup>65</sup> <sup>66</sup> <sup>67</sup> <sup>68</sup> <sup>69</sup> <sup>70</sup> <sup>71</sup> <sup>72</sup> <sup>73</sup> <sup>74</sup> <sup>75</sup> <sup>76</sup> <sup>77</sup> <sup>78</sup> <sup>79</sup> <sup>80</sup> <sup>81</sup> <sup>82</sup> <sup>83</sup> <sup>84</sup> <sup>85</sup> <sup>86</sup> <sup>87</sup> <sup>88</sup> <sup>89</sup> <sup>90</sup> <sup>91</sup> <sup>92</sup> <sup>93</sup> <sup>94</sup> <sup>95</sup> <sup>96</sup> <sup>97</sup> <sup>98</sup> <sup>99</sup> <sup>100</sup> <sup>101</sup> <sup>102</sup> <sup>103</sup> <sup>104</sup> <sup>105</sup> <sup>106</sup> <sup>107</sup> <sup>108</sup> <sup>109</sup> <sup>110</sup> <sup>111</sup> <sup>112</sup> <sup>113</sup> <sup>114</sup> <sup>115</sup> <sup>116</sup> <sup>117</sup> <sup>118</sup> <sup>119</sup> <sup>120</sup> <sup>121</sup> <sup>122</sup> <sup>123</sup> <sup>124</sup> <sup>125</sup> <sup>126</sup> <sup>127</sup> <sup>128</sup> <sup>129</sup> <sup>130</sup> <sup>131</sup> <sup>132</sup> <sup>133</sup> <sup>134</sup> <sup>135</sup> <sup>136</sup> <sup>137</sup> <sup>138</sup> <sup>139</sup> <sup>140</sup> <sup>141</sup> <sup>142</sup> <sup>143</sup> <sup>144</sup> <sup>145</sup> <sup>146</sup> <sup>147</sup> <sup>148</sup> <sup>149</sup> <sup>150</sup> <sup>151</sup> <sup>152</sup> <sup>153</sup> <sup>154</sup> <sup>155</sup> <sup>156</sup> <sup>157</sup> <sup>158</sup> <sup>159</sup> <sup>160</sup> <sup>161</sup> <sup>162</sup> <sup>163</sup> <sup>164</sup> <sup>165</sup> <sup>166</sup> <sup>167</sup> <sup>168</sup> <sup>169</sup> <sup>170</sup> <sup>171</sup> <sup>172</sup> <sup>173</sup> <sup>174</sup> <sup>175</sup> <sup>176</sup> <sup>177</sup> <sup>178</sup> <sup>179</sup> <sup>180</sup> <sup>181</sup> <sup>182</sup> <sup>183</sup> <sup>184</sup> <sup>185</sup> <sup>186</sup> <sup>187</sup> <sup>188</sup> <sup>189</sup> <sup>190</sup> <sup>191</sup> <sup>192</sup> <sup>193</sup> <sup>194</sup> <sup>195</sup> <sup>196</sup> <sup>197</sup> <sup>198</sup> <sup>199</sup> <sup>200</sup> <sup>201</sup> <sup>202</sup> <sup>203</sup> <sup>204</sup> <sup>205</sup> <sup>206</sup> <sup>207</sup> <sup>208</sup> <sup>209</sup> <sup>210</sup> <sup>211</sup> <sup>212</sup> <sup>213</sup> <sup>214</sup> <sup>215</sup> <sup>216</sup> <sup>217</sup> <sup>218</sup> <sup>219</sup> <sup>220</sup> <sup>221</sup> <sup>222</sup> <sup>223</sup> <sup>224</sup> <sup>225</sup> <sup>226</sup> <sup>227</sup> <sup>228</sup> <sup>229</sup> <sup>230</sup> <sup>231</sup> <sup>232</sup> <sup>233</sup> <sup>234</sup> <sup>235</sup> <sup>236</sup> <sup>237</sup> <sup>238</sup> <sup>239</sup> <sup>240</sup> <sup>241</sup> <sup>242</sup> <sup>243</sup> <sup>244</sup> <sup>245</sup> <sup>246</sup> <sup>247</sup> <sup>248</sup> <sup>249</sup> <sup>250</sup> <sup>251</sup> <sup>252</sup> <sup>253</sup> <sup>254</sup> <sup>255</sup> <sup>256</sup> <sup>257</sup> <sup>258</sup> <sup>259</sup> <sup>260</sup> <sup>261</sup> <sup>262</sup> <sup>263</sup> <sup>264</sup> <sup>265</sup> <sup>266</sup> <sup>267</sup> <sup>268</sup> <sup>269</sup> <sup>270</sup> <sup>271</sup> <sup>272</sup> <sup>273</sup> <sup>274</sup> <sup>275</sup> <sup>276</sup> <sup>277</sup> <sup>278</sup> <sup>279</sup> <sup>280</sup> <sup>281</sup> <sup>282</sup> <sup>283</sup> <sup>284</sup> <sup>285</sup> <sup>286</sup> <sup>287</sup> <sup>288</sup> <sup>289</sup> <sup>290</sup> <sup>291</sup> <sup>292</sup> <sup>293</sup> <sup>294</sup> <sup>295</sup> <sup>296</sup> <sup>297</sup> <sup>298</sup> <sup>299</sup> <sup>300</sup> <sup>301</sup> <sup>302</sup> <sup>303</sup> <sup>304</sup> <sup>305</sup> <sup>306</sup> <sup>307</sup> <sup>308</sup> <sup>309</sup> <sup>310</sup> <sup>311</sup> <sup>312</sup> <sup>313</sup> <sup>314</sup> <sup>315</sup> <sup>316</sup> <sup>317</sup> <sup>318</sup> <sup>319</sup> <sup>320</sup> <sup>321</sup> <sup>322</sup> <sup>323</sup> <sup>324</sup> <sup>325</sup> <sup>326</sup> <sup>327</sup> <sup>328</sup> <sup>329</sup> <sup>330</sup> <sup>331</sup> <sup>332</sup> <sup>333</sup> <sup>334</sup> <sup>335</sup> <sup>336</sup> <sup>337</sup> <sup>338</sup> <sup>339</sup> <sup>340</sup> <sup>341</sup> <sup>342</sup> <sup>343</sup> <sup>344</sup> <sup>345</sup> <sup>346</sup> <sup>347</sup> <sup>348</sup> <sup>349</sup> <sup>350</sup> <sup>351</sup> <sup>352</sup> <sup>353</sup> <sup>354</sup> <sup>355</sup> <sup>356</sup> <sup>357</sup> <sup>358</sup> <sup>359</sup> <sup>360</sup> <sup>361</sup> <sup>362</sup> <sup>363</sup> <sup>364</sup> <sup>365</sup> <sup>366</sup> <sup>367</sup> <sup>368</sup> <sup>369</sup> <sup>370</sup> <sup>371</sup> <sup>372</sup> <sup>373</sup> <sup>374</sup> <sup>375</sup> <sup>376</sup> <sup>377</sup> <sup>378</sup> <sup>379</sup> <sup>380</sup> <sup>381</sup> <sup>382</sup> <sup>383</sup> <sup>384</sup> <sup>385</sup> <sup>386</sup> <sup>387</sup> <sup>388</sup> <sup>389</sup> <sup>390</sup> <sup>391</sup> <sup>392</sup> <sup>393</sup> <sup>394</sup> <sup>395</sup> <sup>396</sup> <sup>397</sup> <sup>398</sup> <sup>399</sup> <sup>400</sup> <sup>401</sup> <sup>402</sup> <sup>403</sup> <sup>404</sup> <sup>405</sup> <sup>406</sup> <sup>407</sup> <sup>408</sup> <sup>409</sup> <sup>410</sup> <sup>411</sup> <sup>412</sup> <sup>413</sup> <sup>414</sup> <sup>415</sup> <sup>416</sup> <sup>417</sup> <sup>418</sup> <sup>419</sup> <sup>420</sup> <sup>421</sup> <sup>422</sup> <sup>423</sup> <sup>424</sup> <sup>425</sup> <sup>426</sup> <sup>427</sup> <sup>428</sup> <sup>429</sup> <sup>430</sup> <sup>431</sup> <sup>432</sup> <sup>433</sup> <sup>434</sup> <sup>435</sup> <sup>436</sup> <sup>437</sup> <sup>438</sup> <sup>439</sup> <sup>440</sup> <sup>441</sup> <sup>442</sup> <sup>443</sup> <sup>444</sup> <sup>445</sup> <sup>446</sup> <sup>447</sup> <sup>448</sup> <sup>449</sup> <sup>450</sup> <sup>451</sup> <sup>452</sup> <sup>453</sup> <sup>454</sup> <sup>455</sup> <sup>456</sup> <sup>457</sup> <sup>458</sup> <sup>459</sup> <sup>460</sup> <sup>461</sup> <sup>462</sup> <sup>463</sup> <sup>464</sup> <sup>465</sup> <sup>466</sup> <sup>467</sup> <sup>468</sup> <sup>469</sup> <sup>470</sup> <sup>471</sup> <sup>472</sup> <sup>473</sup> <sup>474</sup> <sup>475</sup> <sup>476</sup> <sup>477</sup> <sup>478</sup> <sup>479</sup> <sup>480</sup> <sup>481</sup> <sup>482</sup> <sup>483</sup> <sup>484</sup> <sup>485</sup> <sup>486</sup> <sup>487</sup> <sup>488</sup> <sup>489</sup> <sup>490</sup> <sup>491</sup> <sup>492</sup> <sup>493</sup> <sup>494</sup> <sup>495</sup> <sup>496</sup> <sup>497</sup> <sup>498</sup> <sup>499</sup> <sup>500</sup> <sup>501</sup> <sup>502</sup> <sup>503</sup> <sup>504</sup> <sup>505</sup> <sup>506</sup> <sup>507</sup> <sup>508</sup> <sup>509</sup> <sup>510</sup> <sup>511</sup> <sup>512</sup> <sup>513</sup> <sup>514</sup> <sup>515</sup> <sup>516</sup> <sup>517</sup> <sup>518</sup> <sup>519</sup> <sup>520</sup> <sup>521</sup> <sup>522</sup> <sup>523</sup> <sup>524</sup> <sup>525</sup> <sup>526</sup> <sup>527</sup> <sup>528</sup> <sup>529</sup> <sup>530</sup> <sup>531</sup> <sup>532</sup> <sup>533</sup> <sup>534</sup> <sup>535</sup> <sup>536</sup> <sup>537</sup> <sup>538</sup> <sup>539</sup> <sup>540</sup> <sup>541</sup> <sup>542</sup> <sup>543</sup> <sup>544</sup> <sup>545</sup> <sup>546</sup> <sup>547</sup> <sup>548</sup> <sup>549</sup> <sup>550</sup> <sup>551</sup> <sup>552</sup> <sup>553</sup> <sup>554</sup> <sup>555</sup> <sup>556</sup> <sup>557</sup> <sup>558</sup> <sup>559</sup> <sup>560</sup> <sup>561</sup> <sup>562</sup> <sup>563</sup> <sup>564</sup> <sup>565</sup> <sup>566</sup> <sup>567</sup> <sup>568</sup> <sup>569</sup> <sup>570</sup> <sup>571</sup> <sup>572</sup> <sup>573</sup> <sup>574</sup> <sup>575</sup> <sup>576</sup> <sup>577</sup> <sup>578</sup> <sup>579</sup> <sup>580</sup> <sup>581</sup> <sup>582</sup> <sup>583</sup> <sup>584</sup> <sup>585</sup> <sup>586</sup> <sup>587</sup> <sup>588</sup> <sup>589</sup> <sup>590</sup> <sup>591</sup> <sup>592</sup> <sup>593</sup> <sup>594</sup> <sup>595</sup> <sup>596</sup> <sup>597</sup> <sup>598</sup> <sup>599</sup> <sup>600</sup> <sup>601</sup> <sup>602</sup> <sup>603</sup> <sup>604</sup> <sup>605</sup> <sup>606</sup> <sup>607</sup> <sup>608</sup> <sup>609</sup> <sup>610</sup> <sup>611</sup> <sup>612</sup> <sup>613</sup> <sup>614</sup> <sup>615</sup> <sup>616</sup> <sup>617</sup> <sup>618</sup> <sup>619</sup> <sup>620</sup> <sup>621</sup> <sup>622</sup> <sup>623</sup> <sup>624</sup> <sup>625</sup> <sup>626</sup> <sup>627</sup> <sup>628</sup> <sup>629</sup> <sup>630</sup> <sup>631</sup> <sup>632</sup> <sup>633</sup> <sup>634</sup> <sup>635</sup> <sup>636</sup> <sup>637</sup> <sup>638</sup> <sup>639</sup> <sup>640</sup> <sup>641</sup> <sup>642</sup> <sup>643</sup> <sup>644</sup> <sup>645</sup> <sup>646</sup> <sup>647</sup> <sup>648</sup> <sup>649</sup> <sup>650</sup> <sup>651</sup> <sup>652</sup> <sup>653</sup> <sup>654</sup> <sup>655</sup> <sup>656</sup> <sup>657</sup> <sup>658</sup> <sup>659</sup> <sup>660</sup> <sup>661</sup> <sup>662</sup> <sup>663</sup> <sup>664</sup> <sup>665</sup> <sup>666</sup> <sup>667</sup> <sup>668</sup> <sup>669</sup> <sup>670</sup> <sup>671</sup> <sup>672</sup> <sup>673</sup> <sup>674</sup> <sup>675</sup> <sup>676</sup> <sup>677</sup> <sup>678</sup> <sup>679</sup> <sup>680</sup> <sup>681</sup> <sup>682</sup> <sup>683</sup> <sup>684</sup> <sup>685</sup> <sup>686</sup> <sup>687</sup> <sup>688</sup> <sup>689</sup> <sup>690</sup> <sup>691</sup> <sup>692</sup> <sup>693</sup> <sup>694</sup> <sup>695</sup> <sup>696</sup> <sup>697</sup> <sup>698</sup> <sup>699</sup> <sup>700</sup> <sup>701</sup> <sup>702</sup> <sup>703</sup> <sup>704</sup> <sup>705</sup> <sup>706</sup> <sup>707</sup> <sup>708</sup> <sup>709</sup> <sup>710</sup> <sup>711</sup> <sup>712</sup> <sup>713</sup> <sup>714</sup> <sup>715</sup> <sup>716</sup> <sup>717</sup> <sup>718</sup> <sup>719</sup> <sup>720</sup> <sup>721</sup> <sup>722</sup> <sup>723</sup> <sup>724</sup> <sup>725</sup> <sup>726</sup> <sup>727</sup> <sup>728</sup> <sup>729</sup> <sup>730</sup> <sup>731</sup> <sup>732</sup> <sup>733</sup> <sup>734</sup> <sup>735</sup> <sup>736</sup> <sup>737</sup> <sup>738</sup> <sup>739</sup> <sup>740</sup> <sup>741</sup> <sup>742</sup> <sup>743</sup> <sup>744</sup> <sup>745</sup> <sup>746</sup> <sup>747</sup> <sup>748</sup> <sup>749</sup> <sup>750</sup> <sup>751</sup> <sup>752</sup> <sup>753</sup> <sup>754</sup> <sup>755</sup> <sup>756</sup> <sup>757</sup> <sup>758</sup> <sup>759</sup> <sup>760</sup> <sup>761</sup> <sup>762</sup> <sup>763</sup> <sup>764</sup> <sup>765</sup> <sup>766</sup> <sup>767</sup> <sup>768</sup> <sup>769</sup> <sup>770</sup> <sup>771</sup> <sup>772</sup> <sup>773</sup> <sup>774</sup> <sup>775</sup> <sup>776</sup> <sup>777</sup> <sup>778</sup> <sup>779</sup> <sup>780</sup> <sup>781</sup> <sup>782</sup> <sup>783</sup> <sup>784</sup> <sup>785</sup> <sup>786</sup> <sup>787</sup> <sup>788</sup> <sup>789</sup> <sup>790</sup> <sup>791</sup> <sup>792</sup> <sup>793</sup> <sup>794</sup> <sup>795</sup> <sup>796</sup> <sup>797</sup> <sup>798</sup> <sup>799</sup> <sup>800</sup> <sup>801</sup> <sup>802</sup> <sup>803</sup> <sup>804</sup> <sup>805</sup> <sup>806</sup> <sup>807</sup> <sup>808</sup> <sup>809</sup> <sup>810</sup> <sup>811</sup> <sup>812</sup> <sup>813</sup> <sup>814</sup> <sup>815</sup> <sup>816</sup> <sup>817</sup> <sup>818</sup> <sup>819</sup> <sup>820</sup> <sup>821</sup> <sup>822</sup> <sup>823</sup> <sup>824</sup> <sup>825</sup> <sup>826</sup> <sup>827</sup> <sup>828</sup> <sup>829</sup> <sup>830</sup> <sup>831</sup> <sup>832</sup> <sup>833</sup> <sup>834</sup> <sup>835</sup> <sup>836</sup> <sup>837</sup> <sup>838</sup> <sup>839</sup> <sup>840</sup> <sup>841</sup> <sup>842</sup> <sup>843</sup> <sup>844</sup> <sup>845</sup> <sup>846</sup> <sup>847</sup> <sup>848</sup> <sup>849</sup> <sup>850</sup> <sup>851</sup> <sup>852</sup> <sup>853</sup> <sup>854</sup> <sup>855</sup> <sup>856</sup> <sup>857</sup> <sup>858</sup> <sup>859</sup> <sup>860</sup> <sup>861</sup> <sup>862</sup> <sup>863</sup> <sup>864</sup> <sup>865</sup> <sup>866</sup> <sup>867</sup> <sup>868</sup> <sup>869</sup> <sup>870</sup> <sup>871</sup> <sup>872</sup> <sup>873</sup> <sup>874</sup> <sup>875</sup> <sup>876</sup> <sup>877</sup> <sup>878</sup> <sup>879</sup> <sup>880</sup> <sup>881</sup> <sup>882</sup> <sup>883</sup> <sup>884</sup> <sup>885</sup> <sup>886</sup> <sup>887</sup> <sup>888</sup> <sup>889</sup> <sup>890</sup> <sup>891</sup> <sup>892</sup> <sup>893</sup> <sup>894</sup> <sup>895</sup> <sup>896</sup> <sup>897</sup> <sup>898</sup> <sup>899</sup> <sup>900</sup> <sup>901</sup> <sup>902</sup> <sup>903</sup> <sup>904</sup> <sup>905</sup> <sup>906</sup> <sup>907</sup> <sup>908</sup> <sup>909</sup> <sup>910</sup> <sup>911</sup> <sup>912</sup> <sup>913</sup> <sup>914</sup> <sup>915</sup> <sup>916</sup> <sup>917</sup> <sup>918</sup> <sup>919</sup> <sup>920</sup> <sup>921</sup> <sup>922</sup> <sup>923</sup> <sup>924</sup> <sup>925</sup> <sup>926</sup> <sup>927</sup> <sup>928</sup> <sup>929</sup> <sup>930</sup> <sup>931</sup> <sup>932</sup> <sup>933</sup> <sup>934</sup> <sup>935</sup> <sup>936</sup> <sup>937</sup> <sup>938</sup> <sup>939</sup> <sup>940</sup> <sup>941</sup> <sup>942</sup> <sup>943</sup> <sup>944</sup> <sup>945</sup> <sup>946</sup> <sup>947</sup> <sup>948</sup> <sup>949</sup> <sup>950</sup> <sup>951</sup> <sup>952</sup> <sup>953</sup> <sup>954</sup> <sup>955</sup> <sup>956</sup> <sup>957</sup> <sup>958</sup> <sup>959</sup> <sup>960</sup> <sup>961</sup> <sup>962</sup> <sup>963</sup> <sup>964</sup> <sup>965</sup> <sup>966</sup> <sup>967</sup> <sup>968</sup> <sup>969</sup> <sup>970</sup> <sup>971</sup> <sup>972</sup> <sup>973</sup> <sup>974</sup> <sup>975</sup> <sup>976</sup> <sup>977</sup> <sup>978</sup> <sup>979</sup> <sup>980</sup> <sup>981</sup> <sup>982</sup> <sup>983</sup> <sup>984</sup> <sup>985</sup> <sup>986</sup> <sup>987</sup> <sup>988</sup> <sup>989</sup> <sup>990</sup> <sup>991</sup> <sup>992</sup> <sup>993</sup> <sup>994</sup> <sup>995</sup> <sup>996</sup> <sup>997</sup> <sup>998</sup> <sup>999</sup> <sup>1000</sup> <sup>1001</sup> <sup>1002</sup> <sup>1003</sup> <sup>1004</sup> <sup>1005</sup> <sup>1006</sup> <sup>1007</sup> <sup>1008</sup> <sup>1009</sup> <sup>1010</sup> <sup>1011</sup> <sup>1012</sup> <sup>1013</sup> <sup>1014</sup> <sup>1015</sup> <sup>1016</sup> <sup>1017</sup> <sup>1018</sup> <sup>1019</sup> <sup>1020</sup> <sup>1021</sup> <sup>1022</sup> <sup>1023</sup> <sup>1024</sup> <sup>1025</sup> <sup>1026</sup> <sup>1027</sup> <sup>1028</sup> <sup>1029</sup> <sup>1030</sup> <sup>1031</sup> <sup>1032</sup> <sup>1033</sup> <sup>1034</sup> <sup>1035</sup> <sup>1036</sup> <sup>1037</sup> <sup>1038</sup> <sup>1039</sup> <sup>1040</sup> <sup>1041</sup> <sup>1042</sup> <sup>1043</sup> <sup>1044</sup> <sup>1045</sup> <sup>1046</sup> <sup>1047</sup> <sup>1048</sup> <sup>1049</sup> <sup>1050</sup> <sup>1051</sup> <sup>1052</sup> <sup>1053</sup> <sup>1054</sup> <sup>1055</sup> <sup>1056</sup> 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# International Abstract of Surgery

*Supplementary to*  
**Surgery, Gynecology and Obstetrics**

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## CONTENTS

I	Index of Abstracts of Current Literature	iii
II	Authors	ix
III	Editors' Comment	x
IV	Collective Review	87-93
V	Abstracts of Current Literature	94-145
VI	Bibliography of Current Literature	146-172

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# CONTENTS—FEBRUARY, 1926

## COLLECTIVE REVIEW

GASTRIC RESECTION AND VARIOUS METHODS OF RE-ESTABLISHING THE CONTINUITY OF THE GASTRO-INTESTINAL TRACT	George Halperin M D Chicago	87
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## ABSTRACTS OF CURRENT LITERATURE

### SURGERY OF THE HEAD AND NECK

#### Head

BÉRAUD M. Seventy Two Trephinations for War Wounds Treated by Primary Suture in 1914 and 1915 Results After Nine and Ten Years	100
--	-----

#### Eye

O'CONNOR R. Head Pains of Ocular Origin	94
VINER N and McMILTRAY S O. The Arrest of Luetic Optic Atrophy by the Cisternal Injection of Mercury	94
MANN I C. The Development of the Human Iris	95

#### Ear

JONES I H and ANDERSEN V O. Functional Tests of Hearing	95
LAKE R. Means and Methods of Testing in Aural Disease	96
WAGERS V J. Chronic Otorrhea with Special Reference to Conservative Treatment	96
WHITE L E. Papilladema of Otic Origin	96
LILLIE H I and LILLIE W I. Choked Disks in Association With Surgical Mastoid Disease Without Apparent Intracranial Involvement	96
SMITH C. Abscess of the Gasserian Ganglion Complicating Mastoidectomy for Acute Suppurative Mastoiditis Death Autopsy	97
FISHER L. The Present Status of Vestibular Tests in Intracranial Conditions	101

#### Nose and Sinuses

SALINGER S. An Adjustable Splint for Fractures of the Nose	97
MITCHELL E C. The Paranasal Sinus as a Focus of Infection in Children	97

#### Mouth

MORROW H and TAUSIG L. Some Pathological Conditions of the Tongue	98
---	----

#### Neck

HERTZLER A E. A Classification of Goiters on a Pathological and Clinical Basis	98
COLLER F A. Inevitable Damage Consequent upon Goiter	99

LAHEY F H. The Use of Iodine in Goiter	99
--	----

### SURGERY OF THE NERVOUS SYSTEM

#### Brain and Its Coverings Cranial Nerves

DAVIDSON E C and ALLEN C I. The Blood Glucose Curve in Head Injuries	100
BÉRAUD M. Seventy Two Trephinations for War Wounds Treated by Primary Suture in 1914 and 1915 Results After Nine and Ten Years	100
FISHER L. The Present Status of Vestibular Tests in Intracranial Conditions	101
ADSON A W. Surgical Treatment of Facial Paralysis	101
LECOUTURIER. The Result of a Spino-facial Anastomosis After Sixteen Years	102

#### Miscellaneous

STULZ E and STRICKLER P. Acute Hypotension of the Cerebrospinal Fluid of Traumatic Origin	102
---	-----

### SURGERY OF THE CHEST

#### Chest Wall and Breast

PORTMANN U V. The Role of Radiation in the Treatment of Cancer of the Breast	104
WESTMAN A. Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast	137

#### Trachea Lungs and Pleura

CHURCHILL E D. Pulmonary Atelectasis with Especial Reference to Massive Collapse of the Lung	104
WHITMORE W. Thoracoplasty in Advanced Pulmonary Tuberculosis	105
THEARLE W H. Extrapleural Thoracoplasty in Pulmonary Tuberculosis	105
KERLEY P. Neoplasms of the Lungs and Bronchi	105
CARTY J R and LIESMAN C. The Roentgen Aspect of Empyema in Children	106

#### Heart and Pericardium

FELIX. The Effect of Plastic Operations on the Pericardium upon Artificially Induced Diseases of the Heart in Animals	106
---	-----



## Puerperium and Its Complications

- DAFOE W A An Account of an Epidemic of Puerperal Sepsis due to the Streptococcus Haemolyticus 121
- ASTR 121

- POLAK J O Further Studies in Puerperal Infections and Their Treatment 122

## Newborn

- HART A P Familial Icterus Gravis of the Newborn and Its Treatment 123

## GENITO URINARY SURGERY

## Adrenal Kidney and Ureter

- NIKOTINE P Renal Tuberculosis Simulating Renal Calculus 124
- BARNES J D and JONES S G The Frequency of Bilateral Renal Tuberculosis 124
- PATCH F S Typhoid Infections of the Kidney 124
- QUINBY W C The End Results in Renal Infections 124
- FRANÇOIS J Roentgenography in the Early Diagnosis of Tumors of the Kidney 125
- CABOT H The Operative Approach for Malignant Tumors of the Kidney 125
- CHUTE A L The Need of Conservatism in Renal Surgery 125
- LEPOUTRE C Permanent Dilatation of the Ureteral Orifices and Vesicorenal Reflux the Forced Ureter 125
- SCHULZ R L Structure of the Ureter and Dysmenorrhea 126

## Bladder Urethra and Penis

- KEENE F E Elusive Ulcer of the Bladder 126
- MACKENZIE D W Bladder Neoplasms 127
- FERRIER P A Some Problems Encountered in the Management of Tumors of the Urinary Bladder 127

## Genital Organs

- STIRLING W C Early Surgical Intervention in Prostatic Hypertrophy 128
- LOWESLEY O S and ROGERS H E Inhalation versus Regional Anesthesia for Prostatectomy 128
- SYMS P Prostatectomy Emphasizing the Present Day Factors of Safety 129
- DILLOV J R Tuberculosis of the Seminal Tract 129

## Miscellaneous

- BILGER F Epidural Anesthesia in Surgery of the Urinary Tract 129
- NOOTHS and DUKOVY The Diagnosis of Latent Gonococcus Infection 130

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS

- Conditions of the Bones Joints Muscles Tendons Etc 122
- MICHAUX J LAMACHE A and PICARD J Contraction of the Palmar Aponeurosis in Lead Poisoning 131
- STEINDLER A Low Back Pain—An Anatomical and Clinical Study 131
- RICH J T RICH E A DOUB H P and SCHUMANN E A A Symposium on the Diagnosis and Treatment of Backache 132
- BELLANDO-RANDONE T and REVIGLIO J M Osteochondritis of the Hip and Coxa Vara 132
- FISHER A G T Principles of Treatment by Manipulation in Some Chronic Disorders of the Knee Joint Following Injury 133
- CYCH R L and HANSSOV K G Physical Therapy in Chronic Arthritis Its Uses and Limitations 133
- Surgery of the Bones Joints Muscles Tendons Etc 124
- PETTA G Muscle Plastics and Transplantations 133
- CAMPBELL W C The Reconstruction of Ankylosed Joints 134
- MOISSEOV P and MOCHET A The Treatment of Osteomyelitic Cavities of the Upper End of the Tibia with Osteoperiosteal Implants Two Cases Results After Two Years 134
- Fractures and Dislocations
- LANCE The Construction of an Osteoplastic Support in Congenital Luxations and Subluxations of the Hip 134
- WHEATY S W T The Case of 135
- DELACÉRIÈRE H Fracture of the Internal Sesamoid of the Great Toe Mechanism and Treatment Two Cases 136
- SURGERY OF BLOOD AND LYMPH SYSTEMS
- Blood Vessels
- PULFORD D S Neoplasms of the Blood Lymph Vascular System with Special Reference to Endotheliomata 137
- Blood Transfusion
- DAVISON E C and ALLEN C I The Blood Glucose Curve in Head Injuries 100
- MCDONAGH J E R The Changes the Blood Undergoes in Pregnancy and After 120
- HENPEL E Ruptured Extra Uterine Pregnancy and Its Treatment by Blood Transfusion 120
- WESTMAN A Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast 137
- Lymph Vessels and Glands
- CARTER R F Cervical Adenitis—A Surgical Consideration 138



## Esophagus and Mediastinum

- LINDBERG W The Effect of Thyrectomy on the Organism as a Whole and upon the Glands of Internal Secretion Especially the Pituitary and Adrenal Glands 106
- EVANS W A and LELAND T Decy Iodogen Ray Exposure as an Aid in the Differential Diagnosis of Mediastinal Tumors 107

## SURGERY OF THE ABDOMEN

### Abdominal Wall and Peritoneum

- VAN HOOK W Contributions to the Surgery of Abdominal Hernia 105
- HANLEY F S and SIMPSON C C L A Report of Two Cases of Hernia Through the Transverse Mesocolon 108

### Gastro-Intestinal Tract

- ORR T G and HADEN P L Reducing the Surgical Risk in Some Gastro-Intestinal Conditions 108
- DAVIDSON P B WILCOX F and HAAGENSEN C D The Gastric Excretion of Neutral Red 109
- HIRTZLER A E Acute Surgical Conditions of Gastric Origin 109
- PILOT I A 109

### Liver

### Liver

- Jumors
- BECK H H Distinct Signs of Duodenal Ulcer 109
- NAGEL G W Unusual Conditions in the Duodenum and Their Significance Membranous Obstruction of the lumen Diaphragma and Carcinoma 110
- HIRST A F and ROWLANDS R P Diaphragma of the Colon 110
- FEDMAN J I Acute Diaphragma of the Colon 111
- IRIMRO E A Tumor of the Large Bowel 111
- FRIEDENWALD J and ROSENTHAL L J The Diagnosis of Carcinoma of the Colon and the Rectum 111
- OUTERBRIDGE C W Cystic Lesions of the Uterus Endometrial Origin in the Appendix A Report of Four Cases 112
- PRESTON D B Cancer of the Rectum and Trauma 112

### Liver Gall Bladder Pancreas and Spleen

- SHATTUCK H F BROWN J C and PRESTON M The Clinical Value of Some Recent Tests for Liver Function 111
- BARROW J V ARMSTRONG F L and OLDS W H Further Clinical and Operative Studies of the Icterus Index 112
- STARR F N G Biliary Disease as Seen in General Practice 113
- SUMMERS J F How the Mortality May be Reduced in Operations on the Gall Bladder and Gall Ducts 114

- BURDEN V G Observations on the Histological and Pathological Anatomy of the Hepatic, Cystic and Common Bile Ducts 114

### Miscellaneous

### Miscellaneous

- HEDBLOM C A Diaphragmatic Hernia A Study of 375 Cases in Which Operation Was Performed 113
- JONES D F McWHITTICK L S and ROOT H F Abdominal Surgery in Diabetes 116

## GYNECOLOGY

### Uterus

- MASON J C and FOLGAR H O The Use of Zinc Chloride in Gynecology 117
- CLARK J C and BLOCK F B The Treatment of Uterine Fibromiomas 11
- SEACI J J The Treatment of Carcinoma of the Body of the Uterus 11
- WESTMAN A Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast 117

### External Genitalia

- PALMER A C Endometriomas of the Vulva and Perineum 118
- RICHMOND G D Absorption from the Human Vagina 118

### Miscellaneous

- KAVACS I The Influence of the Male Sex Gland on the Female An Experimental Study to Determine the Sex Ratio of the Offspring 118
- SCAGLIONE S Sterilization by Testicular Transplants 119
- CLARK J G The Poor Risk for Surgery of the Pelvic Organs 119

## OBSTETRICS

### Pregnancy and Its Complications

- McDONAGH J E R The Changes in the Blood Urea Nitrogen in Pregnancy and After 119
- WILLET J A The Treatment of Placenta Praevia by Continuous Weight Traction—A Report of Seven Cases 120
- HEMPFL E Ruptured Extra Uterine Pregnancy and Its Treatment by Autogenous Blood Transfusion 120

### Labor and Its Complications

- BRETZ M Rotation of the Uterus During Labor 121
- DE LEE J B An Illustrated History of the Low or Cervical Cesarean Sections 121

## BIBLIOGRAPHY

## Surgery of the Head and Neck

Head	146
Eye	146
Ear	147
Nose and Sinuses	147
Mouth	148
Pharynx	148
Neck	148

Newborn	163
Miscellaneous	163

## Genito Urinary Surgery

Adrenal Kidney and Ureter	163
Bladder Urethra and Penis	164
Genital Organs	164
Miscellaneous	165

## Surgery of the Nervous System

Brain and Its Coverings Cranial Nerves	149
Spinal Cord and Its Coverings	149
Peripheral Nerves	150
Sympathetic Nerves	150
Miscellaneous	150

## Surgery of the Bones Joints Muscles Tendons

"	"	165
"	"	167
"	"	167
"	"	167

## Surgery of the Chest

Chest Wall and Breast	150
Trachea Lungs and Pleura	151
Heart and Pericardium	151
Esophagus and Mediastinum	152
Miscellaneous	152

## Surgery of the Blood and Lymph Systems

Blood Vessels	168
Blood Transfusion	169
Lymph Vessels and Glands	169

## Surgical Technique

Operative Surgery and Technique	169
Treatment	169
Antiseptic Surgery Treatment of Wounds and Infections	170
Anesthesia	170

## Surgery of the Abdomen

Abdominal Wall and Peritoneum	152
Gastro Intestinal Tract	153
Liver Gall Bladder Pancreas and Spleen	153
Miscellaneous	157

## Physicochemical Methods in Surgery

Pneumatology	170
Radium	171
Miscellaneous	171

## Gynecology

Uterus	15
Adnexal and Peritoneal Conditions	155
External Genitalia	159
Miscellaneous	159

## Miscellaneous

Clinical Entities—General Physiological Conditions	171
General Bacterial Mycotic and Protozoan Infections	172
Ductless Gland	172
Surgical Pathology and Diagnosis	172

## Obstetrics

Pregnancy and Its Complications	160
Labor and Its Complications	162
Puerperium and Its Complications	162

## SURGICAL TECHNIQUE

## Operative Surgery and Technique Postoperative Treatment

CLARK J C The Poor Risk for Surgery of the Pelvic Organs 119

THALHIMER W Poor Surgical Risks Laboratory Assistance in the Preparation of Patients for Operation and in Their Postoperative Care 139

BERTOCCHI A Crafts of Jined Skin 139

## Antiseptic Surgery Treatment of Wounds and Infections

REGARD C L The Protective Action of the Ultra violet Rays Against Infection 140

VAN " " " 140

## Any Asepsis

## Anesthesia

LOWELEY O S and POWERS H F Inhalation vs Regional Anesthesia for Prostatectomy 128

DILGER, F Epidural Anesthesia in Surgery of the Urinary Tract 129

## PHYSICOCHEMICAL METHODS IN SURGERY

## Roentgenology

PORTMAN U V The Role of Radiation in the Treatment of Cancer of the Breast 103

CARTY J R and LITTMAN C The Roentgen Aspect of Lymphoma in Children 106

EVANS W A and LEACUTIA T Deep Roentgen Ray Exposure as an Aid in the Differential Diagnosis of Mediastinal Tumors 107

FRANÇOIS J Roentgenography in the Early Diagnosis of Tumors of the Kidney 115

LEDDY L T and WEATHERMAN J L The Roentgen Treatment of Advanced Cancer 142

WESTMAN A Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast 137

DOUG H P, BOLLIGER A, and HARTMAN F W Metabolic Disturbances Following Deep Roentgen Ray Therapy 14

## Radium

STACY L J The Treatment of Carcinoma of the Body of the Uterus 117

WESTMAN A Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast 137

## Miscellaneous

CECIL, R L, and HANSSON K G Physical Therapy in Chronic Arthritis Its Uses and Limitations 141

JONES C E M The Clinical Aspect of Light 14

DIXON W E The Action of Light 143

## MISCELLANEOUS

## Clinical Estimates—General Physiological Conditions

STARR F N G Biliary Disease as Seen in General Practice 113

STRENDLER A Low Back Pain—An Anatomical and Clinical Study 137

FLEW J T, REICH L A, DOUG H P, and SCHWARTZ H T 135

132

144

145

107

115

142

117

141

14

143

137

137

14

143

113

137

135

132

144

145

107

115

142

117

141

14

143

## BIBLIOGRAPHY

## Surgery of the Head and Neck

Head	146
Eye	146
Ear	147
Nose and Sinuses	147
Mouth	148
Pharynx	148
Neck	148

## Surgery of the Nervous System

Brain and Its Coverings	149
Spinal Cord and Its Coverings	149
Peripheral Nerves	150
Sympathetic Nerves	150
Miscellaneous	150

## Surgery of the Chest

Chest Wall and Breast	150
Trachea, Lung, and Pleura	151
Heart and Pericardium	151
Esophagus and Mediastinum	152
Miscellaneous	152

## Surgery of the Abdomen

Abdominal Wall and Peritoneum	152
Gastrointestinal Tract	153
Liver, Gall Bladder, Pancreas, and Spleen	155
Miscellaneous	157

## Gynecology

Uterus	155
Adnexal and Peritoneal Conditions	158
External Genitalia	159
Miscellaneous	159

## Obstetrics

Pregnancy and Its Complications	160
Labor and Its Complications	162
Puerperium and Its Complications	162

Newborn	163
Miscellaneous	163

## Genito Urinary Surgery

Adrenal, Kidney, and Ureter	163
Bladder, Urethra, and Penis	164
Genital Organs	164
Miscellaneous	165

## Surgery of the Bones, Joints, Muscles, Tendons

Bones	165
Joints	167
Muscles	167
Tendons	168

## Surgery of the Blood and Lymph Systems

Blood Vessels	168
Blood Transfusion	169
Lymph Vessels and Glands	169

## Surgical Technique

Operative Surgery and Technique	169
Postoperative Treatment	169
Antiseptic Surgery, Treatment of Wound, and Infections	170
Anesthesia	170

## Physicochemical Methods in Surgery

Röntgenology	170
Radium	171
Miscellaneous	171

## Miscellaneous

Clinical Entities—General Physiological Conditions	171
General Bacterial, Mycotic, and Protozoan Infections	172
Ductless Glands	172
Surgical Pathology and Diagnosis	172



## AUTHORS

## OF THE ARTICLES ABSTRACTED IN THIS NUMBER

- Adson A W 101  
 Allen C I 100  
 Armstrong E L 112  
 Aterad's T 122  
 Barney J D 124  
 Barrow J A 112  
 Bazy 130  
 Bellando-Randone T 13  
 Béraud M 100  
 Berg H H 110  
 Bertocchi A 130  
 Blier F 129  
 Black F B 117  
 Bolliger A 142  
 Bretz M 121  
 Brown J C 112  
 Burden V G 114  
 Cabot H 125  
 Campbell W C 134  
 Carter R F 138  
 Carty J R 106  
 Cecil R L 142  
 Churchill L D 104  
 Chute A L 125  
 Clark J G 117 119  
 Collier L A 99  
 Dafeo W A 122  
 Davidson L C 100  
 Davidson P B 108  
 Dawson J W 144  
 Delagénère H 130  
 De Lee J B 122  
 Dillon J R 19  
 Dixon W E 143  
 Doub H I 132 142  
 Durupt 130  
 Eliot E 109  
 Erdmann J F 111  
 Evans W A 107  
 Felix 100  
 Ferner I A 127  
 Fisher A G T 133  
 Fisher L 101  
 Foucat H O 117  
 François J 125  
 Friedewald J 112  
 Haagenen C D 108  
 Halperin G 87  
 Hanson K G 142  
 Hart A P 123  
 Hartman F W 142  
 Heaney F S 108  
 Hedblom C A 115  
 Hempel L 120  
 Hertler A L 98 109  
 Hur t A F 110  
 Jones C E M 142  
 Jones D F 116  
 Jones I H 95  
 Jones S G 124  
 Kavacs F 118  
 Keene F E 126  
 Kerley P 105  
 Knud en V O 95  
 Lafourcade J 114  
 Lahey F H 99  
 Lake R 96  
 Lamache A 131  
 Lance 134  
 Lecouturier 10  
 Leddy E T 142  
 Lepoutre C 15  
 Leucutia T 107  
 Liebman C 106  
 Lillie H I 96  
 Lillie W I 96  
 Lindeberg W 106  
 Lau J H 109  
 Lowley O S 128  
 Lund F B 109  
 Mackenzie D W 127  
 Mann I C 95  
 Masson J C 117  
 McDonagh J E R 170  
 McKittick L S 116  
 McMurtry S O 94  
 McWhorter G L 115  
 Michaut J 131  
 Mitchell E C 97  
 Mouroud P 134  
 Morrow H 98  
 Mouchet A 134  
 Nagel G W 110  
 Nikotine P 124  
 Nogues 130  
 O Connor R 94  
 Old W H 112  
 Orr T G 108  
 Outerbridge G W 112  
 Palmer A C 118  
 Patch F S 124  
 Petta G 133  
 Pfeiffer D B 112  
 Picard J 131  
 Polak J O 122  
 Portmann U V 104  
 Preston M 112  
 Primrose A 112  
 Pulford D S 137  
 Quinn W C 124  
 Regard G L 140  
 Reviglio J M 132  
 Rich E A 132  
 Robinson G D 118  
 Rogers H E 128  
 Root H F 116  
 Rosenthal L J 112  
 Rowlands R P 110  
 Pugh J T 132  
 Salinger S 97  
 Scaglione S 118  
 Schereschewsky J W 142  
 Schulz R L 126  
 Schumann E A 132  
 Shattuck H F 112  
 Simpson G C E 108  
 Smith C 97  
 Stacy L J 117  
 Stare F N G 113  
 Steindler A 131  
 Stirling W C 128  
 Stricker I 102  
 Stulz E 102  
 Summers J E 114  
 Syms P 129  
 Taussig L 98  
 Thalmer W 130  
 Thearle W H 109  
 Van Hook W 108  
 Van Lier 140  
 Viner N 94  
 Wagers A J 96  
 Weatherway J L 142  
 Westman A 137  
 Wheeler Sir W I D.C. 135  
 White L L 96  
 Whittemore W 109  
 Willcox L 108  
 Willett J A 120

## EDITOR'S COMMENT

HAIPLIN'S interesting account of the development of the operation for restoring the continuity of the gastro-intestinal tract after resection for ulcer or carcinoma is a timely contribution upon an important subject. It will help to lessen the confusion resulting from the habit of applying proper names rather than descriptive terms or phrases to specific surgical procedures.

As the various passages continue to hold the attention of workers in different parts of the world. A number of abstracts on these subjects appear in the section on abdominal surgery.

The question of nerve anastomosis for injury of the facial nerve is discussed in an interesting paper by Adson (p. 101). Reports like that of Lecouturier on the result after sixteen years of anastomosis of the spinal accessory and facial nerves are of interest.

Dr. J. J. MacCallister's original article of several hundred pages, beautifully illustrated and based on a painstaking study of a large series of cases, comprised the entire October number of the *Edinburgh Medical Journal*.

The use of zinc chloride in gynecology first advocated by Babcock of Philadelphia as a

method of chemical hysterectomy, and for the treatment of osteomyelitis, reviewed by Mason and Foucar of the Mayo Clinic (p. 117) who find it of definite value in a limited number of cases if proper precautions are taken to protect the adjacent tissues.

Doubt Bollinger and H. J. H. (p. 118)

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(p. 100) is to note the same

men used. He has noted also an increase in the occurrence of postoperative myxedema. The histological changes in the gland resulting from iodine administration are strikingly shown in Cattell's (p. 118).

(p. 119) paper form a helpful contribution to the literature on this unusual condition. Ferrier's discussion of the management of tumors of the urinary bladder emphasizes particularly the value of radium in the treatment of such tumors (p. 127).

# INTERNATIONAL ABSTRACT OF SURGERY

FEBRUARY 1926

## COLLECTIVE REVIEW

### GASTRIC RESECTION AND VARIOUS METHODS OF RE-ESTABLISHING THE CONTINUITY OF THE GASTRO-INTESTINAL TRACT

By GEORGE HALPERIN M.D. CHICAGO

THE history of gastric resection now some four and one half decades old began in 1879 with Pean who first resected a stomach for pyloric cancer and joined the stomach and the duodenum end to end. The more difficult problems in this operation were always connected not with the resection itself but with the re-establishment of the continuity of the gastro-intestinal tract after the removal of the diseased part.

All methods so far proposed can be schematically placed into four groups (1) end to end anastomosis of the gastric and the duodenal stumps (2) closure of the stomach end and im-

In 1916 Narath (16) in a most accurate historical study of the subject arrived at the conclusion that only the names Billroth I and Billroth II should be retained. For the newer methods which he regarded as only modifications of the Billroth II method he proposed a very accurate descriptive nomenclature in rather involved Latin. A glance at the contemporaneous literature shows that neither Tuffier's nor Narath's schemes are being followed. While in the English literature one reads about a Pólya operation in the German literature the same method is described under a variety of names such as the von Hacker the Kroenlein von Mikulicz the Hofmeister and the Reichel Pólya operation.

It seems to me that in the English phrases *end to end*, *side to side* and *end to side* we possess descriptive terms which have the advantages of both simplicity and scientific accuracy. In the use of these linked terms it is necessary to remember only that the first word refers to the stomach.

#### GROUP I—END TO END ANASTOMOSIS

As mentioned Pean in 1879 was the first to perform a gastric resection. In 1880 Rydqvist was the second to attempt it. Their patients

we are at once confronted with difficulties. As a result of the long practiced custom in surgical writings of naming operations after their originators there is today a multiplicity of names that does not make for the clarity or accuracy so desirable in scientific work. Attempts at a more uniform and more scientific nomenclature have been made from time to time. As early as 1898

the following terms (1) *anastomose terminale terminale* (2) *anastomose termino latérale* and (3) *anastomose latéro-latérale*

It consists in the removal of part or



## EDITOR'S COMMENT

**H**ALPLIN'S interesting account of the development of the operation for restoring the continuity of the gastro-intestinal tract after resection for ulcer or carcinoma is a timely contribution upon an important subject. It will help to lessen the confusion resulting from the habit of applying proper names rather than descriptive terms or phrases to specific surgical procedures.

The various laboratory tests for the determination of liver function and the roentgenological tests for determining the condition of the gall bladder and bile passages continue to hold the attention of workers in different parts of the world. A number of abstracts on these subjects appear in the section on abdominal

of  
 paj  
 Let us see the result after sixteen years of anastomosis of the spinal accessory and facial nerves (p 102) by

article of several hundred pages beautifully illustrated and a large series number of

The use of gynecology first advocated by Babcock of Philadelphia is a

method of chemical hysterectomy and for the treatment of osteomyelitis is reviewed by Mason and Foucar of the Mayo Clinic (p 117) who find it of definite value in a limited number of cases if proper precautions are taken to protect the adjacent tissues.

Doubt Bolliger and Hartman's experimental studies of metabolic changes following deep X-ray therapy (p 119) in

(p 99) is an interesting comment on the changes in the surgical management of toxic cases resulting from the pre-operative use of iodine. Lahey states that in his clinic preliminary pole ligation has been practically abandoned since iodine has been used. He has noted also an increase in the occurrence of postoperative myxedema. The histological changes in the gland resulting from iodine administration are strikingly shown in Cattell's illustrations in Lahey's original article in the *Boston Medical and Surgical Journal*.

Keene's report on elusive ulcer of the bladder (p 126) and Hunner's discussion of Keene's paper form a

in the treatment of such tumors (p 127)

GROUP II—SIDE TO END, KOCHER'S METHOD

side to end. In connection with the procedure Kocher made frequent use of his method of mobilizing the duodenum. Because the operation presented no advantages over Billroth's first method and was more complicated and difficult to carry out, it was soon abandoned.

GROUP III—SIDE TO SIDE ANASTOMOSIS

Side to side anastomosis was proposed by Bill

from Billroth's first method. No attempt was made at the restoration of normal relations. It became possible, however, to resect much more of the stomach without tension upon the anastomosis. This fact made such a vast difference in the immediate results that the method became the procedure of choice. It received the widest application everywhere and until the last decade was the operation most widely used in the treatment of both carcinoma and ulcer of the stomach.

It was not, however, free from certain objections. In the earlier days of its use the duodenal stump was a frequent source of trouble. Its closure at times proved insufficient, leading to either a fatal peritonitis or the formation of a duodenal fistula. Several causes contributed to this complication. The absence of peritoneum on the posterior aspect of the duodenum and the necessity at times of separating the duodenum from the pancreas frequently compromised the blood supply of the duodenum, causing necrosis of its wall. In some cases also twisting or compression of the proximal jejunal loop or the regurgitation of stomach contents into the blind



Fig. 5 The first illustration of a terminolateral anastomosis in which the lower portion of the gastric segment was utilized (von Eiselsberg).

peritonizing the duodenal stump. The formerly much dreaded vicious circle will not occur if the anastomosis is performed correctly and if the no-loop method of Mayo is employed.

A far weightier objection to the Billroth II method is the occurrence of gastrojejunal ulcer. While this is not a frequent complication, it is the

cause has been a matter of much speculation, and is not yet known. The main factor in its genesis seems to be the perverted physiology to which the loop of jejunum is subjected. The jejunum

ing the recurrence of ulcers in general and of jejunal ulcers in particular.

GROUP IV—END TO SIDE ANASTOMOSIS

In end to side anastomosis as much of the stomach is resected as is necessary and the duodenum is closed but the gastric stump is utilized for an anastomosis with a loop of jejunum, end to side fashion. Either all or a part of the gastric end may be utilized.

In the German literature as previously remarked, it is called by various names such as the

that it encompasses most of the important advances in gastric surgery. In a review of the literature we find that the idea first occurred to von Hacker, an assistant in Billroth's clinic as early as 1883. In the first report on the use of the

difficulty is now experienced in invaginating and

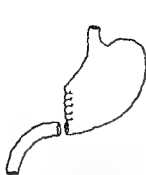


Fig 1

Fig 1 The Billroth I operation



Fig 2

Fig 2 The Billroth II operation with an anterior gastro-enterostomy



Fig 3

Fig 3 The Billroth II operation with posterior gastro-enterostomy



Fig 4

Fig 4 Hoyer's operation

all of the pyloric portion of the stomach with end-to-end anastomosis of the gastric and duodenal stumps

Physiologically it is an ideal operation it restores normal anatomical relations and allows the stomach contents to pass out in the accustomed way into the first part of the duodenum. Certain purely mechanical conditions however soon mitigated against its successful application. Experience demonstrated that it was not always possible to bring the two segments together without more or less tension and that because of the difference in the diameters of the gastric and the duodenal segment the suture lines often met at an angle. This angle proved to be the weakest part of the anastomosis and in the presence of even slight tension the sutures cut out producing leakage and peritonitis. The so-called fatal suture angle brought the operation into temporary disrepute. Billroth himself abandoned it in 1885 in favor of a radically different procedure.

ligation of the gastric artery and a sufficiently high division of the hepatogastric ligament. He pointed out also that after the Billroth I method there is a tendency for the stomach to drop to the left of the spine its weight exerting an injurious strain on the suture line. A point on the anterior wall of the stomach sufficiently far to the left is chosen and the stomach is drawn to the right and attached to the suspensory ligament of the liver by several catgut sutures in a manner to bring the entire anastomosis to the right of the spine. Mayo advises also the tacking of the edge of the omentum under the anastomosis to make the suture line safer and prevent the formation of adhesions to the pancreas.

method

given a wide application by Dr. J. H. Tadd,

glass contraction recurrence of the ulceration

to the duodenum that there need be no difficulty in freeing the stomach. To accomplish this he advises early

mobile and easily reached the resection was frequently begun from the duodenal side. The stomach and the duodenum were seized with clamps about 2 or 3 cm below the pylorus and the bowel was severed. The cut surfaces were cauterized with a Paquelin cautery. Next the stomach was freed by clamping and ligating the small and the gastroduodenal omenta. Adhesions to neighboring structures, the liver or pancreas, were separated by sharp dissection close to the stomach wall. In cases in which a callous ulcer had perforated into one of these organs the ulcer was separated from the stomach wall and left *in situ* and the hole in the stomach was closed with a tampon and a finger. The ulcer bed was removed as far as possible with a knife and Paquelin cautery. This particular area was drained.

The duodenal stump was sewed with catgut in a Y-junction and covered over with an additional serous suture of catgut. Next the transverse colon was lifted. At this stage the ileocecal area was investigated and the appendix removed. A slit was made in the mesocolon, the uppermost loop of the jejunum was brought through and the colon was replaced. Then a portion of the gastric end, usually about one third, was closed

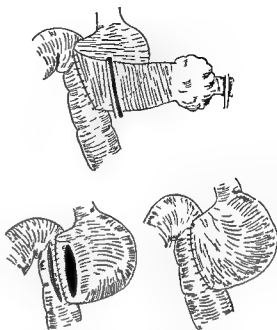


Fig 7 The Pólya operation as performed by I Ólvi

At about the same time (1911) Reichel (18) described the same technique. He did not mention previous reports of it. A short time later

into the serosa and the muscularis of the bowel the clamps were removed. Catgut was used for all of the layers as in several cases re-operated upon months later it was found that silk occasionally failed to cut out and produced small ulcerations.

The attempt was made to form a wide anastomosis so that the stoma would be at least three fingerbreadths in width. The anastomosis was pulled through the opening in the mesocolon, the edges of which were sutured to the stomach wall. At the conclusion of the operation the stomach lay perpendicular to the loop of jejunum. The deepest point of the anastomosis was on the greater curvature. The efferent loop ran downward and to the left. The antecolic method with a long loop was used only in exceptional cases—for example, where the colon lay high under the stomach and the mesocolon was shrunken. In such cases Braun's entero-anastomosis was always added.

Particular attention was called to the smooth convalescence. The absence of vomiting was attributed to the wide stoma. The remote results checked up by chemical and roentgenological studies were also good.

As not applicable, he anastomosed the entire gastric end end to side with a loop of the jejunum. He summarized the advantages of the method as follows:

- 1 The anastomosis is easily performed with out tension upon the suture line.
- 2 The suture line is secure because of wide overlapping by serosa.
- 3 The conditions for the emptying of the stomach contents are very favorable because the stoma is wide and physiologically correct.
- 4 The use of the long loop is avoided as in Mayo's no-loop gastro-enterostomy.
- 5 The procedure is time saving because the stomach is not sewed separately.

Finsterer (5) in 1913 advocated very radical resection of the stomach for the cure of ulcer on the ground that the acidity is reduced thereby. The method described by him, however, in no wise differed from that of Reichel or Hofmeister.

In America W. J. Mayo (12) in 1914 wrote enthusiastically about the method he chose to call the Pólya operation. He described it as

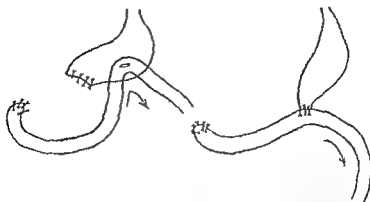


FIG. 6. Illustration by Kraenlein to show the difference between the Billroth II method and the terminolateral gastrojejunostomy. The whole stomach end was implanted into the jejunum.

Billroth II method von Hacker (7) expressed the thought that in case requiring very extensive resection the lower part of the stomach end could be utilized for implantation into the side of a loop of jejunum. In 1887 Kraenlein performed the

In the third decade of gastric surgery (1901 to 1910) the method was further advanced by

1888. He brought a loop of jejunum in front of the colon and anastomosed it to the lower end of the stomach stump (Fig. 5). Roux (10) of Lausanne operated upon two cases by the same method in 1889.

Until 1890 gastric resection was undertaken almost exclusively for carcinoma. The method of choice with most surgeons was the Billroth II procedure, the gastroenterostomy being of course of the anterior type as originally proposed by Weisler.

It appears that Roux in 1893 was the first to pull a loop of jejunum through a slit in the mesocolon and to perform a posterior gastroenterostomy after a stomach resection (Kolbe 8). He added to the operation a Y entero-anastomosis. In 1894 a retrocolic posterior gastroenterostomy was performed first by Braun and a few months later by von Hacker. Thereafter the posterior

the conclusion that the method presented no advantages and should be abandoned because of its high mortality.

In analysis of the failures gleaned from the postmortem records offers a ready explanation for the poor results obtained with a method which today gives almost ideal results. In the first place the operation was performed almost exclusively for carcinoma. The patients were frequently anemic, cachectic, dehydrated and certainly poor risks. Imperfections and errors in technique explained such complications as twisting or compression of the jejunal loop, vicious circle, insufficiency of the suture line, etc.

In contrast to the gloomy view of Lerche and Tuffier were the results of Hofmeister. From the reports of Stumpf (20) in 1908 and of Burk (2)

uppermost coil of jejunum was brought up through a slit in the mesocolon and sutured to the lower end of the gastric stump. In some cases the entire gastric end was used for implantation. The tear in the mesocolon was sutured to the stomach wall.

Burk (2) described Hofmeister's technique in detail. When the duodenum and the pylorus were

mobile and easily reached the resection was frequently begun from the duodenal side. The stomach and the duodenum were seized with clamps about 3 or 4 cm below the pylorus and the bowel was severed. The cut surfaces were cauterized with a Paquelin cautery. Next the stomach was freed by clamping and ligating the small and the gastroduodenal omenta. Adhesions to neighboring structures, the liver or pancreas, were separated by sharp dissection close to the stomach wall. In cases in which a callous ulcer had perforated into one of these organs the ulcer was separated from the stomach wall and left *in situ* and the hole in the stomach was closed with a

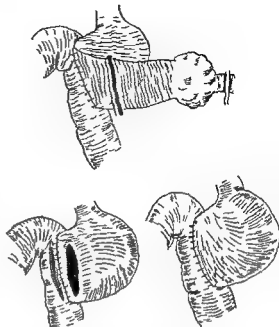


Fig 7 The Pólya operation as performed by Pólya

serous suture of catgut. Next the transverse colon was lifted. At this stage the ileocecal area was investigated and the appendix removed. A slit was made in the mesocolon, the uppermost loop of the jejunum was brought through and the colon was replaced. Then a portion of the gastric end, usually about one third, was closed with catgut mattress sutures and an anastomosis was performed between the remaining portion and the upper loop of jejunum. A sero-serous suture was made between the two and after incision into the serosa and the muscularis of the bowel the clamps were removed. Catgut was used for all of the layers as in several cases reoperated upon months later it was found that silk occasionally failed to cut out and produced small ulcerations.

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- 9 KROENLEIN R U Traumatische narbige Pylorus  
stenose und Gastroenterostomia Kor Bl f  
schweiz Aerzte 1888, xviii 316
- 10 LERICHE K Des resections de l'estomac pour cancer  
Lyons 1906
- 11
- 12
- 13 Saunders  
Idem. The calloused ulcer of the posterior wall of the  
stomach Ann Surg 1906 lxxii 109
- 14 Idem Radical operations on the stomach with  
especial reference to the mobilization of the  
lesser curvature Surg Gynec & Obst 1923 xxxvi  
447
- 15 MIKULICZ J VON Beitrage zur Technik der Opera  
tion des Magencarcinoms Arch f klin Chir  
1898 lvi 524
- 16 NARATH A Zur Geschichte der zweiten Billrothschen  
Resektionsmethode am Magen Deutsche Ztschr  
f Chir 1916 cxxxvi 62
- 17 FOLYA I  
tion
- 18 REICHEL  
tion
- 19 ROUX J
- 20
- 21
- 22





ment was being given. One method was the injection of salvarsan into the lateral ventricles. Suker replaced salvarsan with mercury and obtained good results. He reported four cases of arrested optic atrophy. Gifford and Keegan gave this treatment by the cisternal route in five cases. All of the patients showed improvement after the first injection and four maintained the improvement for from one to two and a half years. Gifford drew the following conclusions:

1 The intracranial injection of bichloride of mercury has given better results than other methods

2 Intracasternal injection is a relatively simple and safe procedure

3 Improvement in vision especially after the first injection is presumably evidence of an active infiltrative process

4 The best results are obtained in early cases with definite defects in part of the field but with good central vision at least in one eye and little evidence of other nervous involvement.

5 In advanced cases of paresis and more general nervous involvement results are not to be expected even if the atrophy has not advanced and the chance of stopping the process in the nerve is less.

The technique of cisternal injections of mercury is as follows:

The cerebrospinal fluid is tapped on an adapter connected with a rubber tube attached to an open 20 ccm syringe is inserted into the needle and about 10 ccm of the fluid are allowed to run into the syringe. Ten drops of a solution of bichloride of mercury containing 1/50 gr of the drug are then poured into the syringe from a minim flask previously prepared. The needle is then steadied the tube pinched and the syringe shaken. When the mercury has been well mixed the fluid is allowed to flow back into the cistern by gravity and the needle is withdrawn.

In a few minutes the patient may begin to vomit and complain of headache but this reaction usually subsides after one or two days.

L. L. McCoy M.D.

Mann I C The Development of the Human Iris  
*Br J Ophth* 1925 17 495

A lot of them are -

1 The development of the iris can be divided into four stages (a) from the fourth to the seventh week before the formation of the anterior chamber or ectodermal iris during which stage the annular vessel is formed at the site of the future *circulus arteriosus iridis major* (b) from the seventh to the eleventh week when with the appearance of the anterior chamber the mesodermal iris is formed (c) from the eleventh to the twelfth week when the ectodermal iris first makes its appearance and (d) from the third to the eighth month when the pupillary musculature is formed from the ectodermal iris and the central part of the mesodermal iris (up to the lesser circle) atrophies leaving the pupil clear

2 The definitive iris shows (a) a peripheral portion consisting of the entire thickness of the

WILLIAM WENDELL WOOD

## EAR

Jones I H and Knudsen V O Functional Tests  
of Hearing *California & West Med* 1925 xxiii  
1166

While the vestibular tests have now been standardized no like condition prevails in the functional tests of hearing and our dissatisfaction arises from inaccuracies in instruments the patients lack of understanding and our varying interpretation of

quantitative tests of bone conduction a noise an

19 20 21

a dimeric tests. Fixation impairment is characterized by a greater diminution for low tones than

# ABSTRACTS OF CURRENT LITERATURE

## SURGERY OF THE HEAD AND NECK

### EYE

O Connor R. Head Pains of Ocular Origin. *California Medical Journal* 1925 xxiii 1152

The author estimates that about 70 per cent of

Extra-ocular imbalances are esophoria, exophoria, cyclophoria and hyperphoria. In esophoria the corrective effort falls on the weaker divergers while

overwork of the oculomotor centers direct irritation of the sensory terminals in the overworked muscle and direct irritation of these sensory terminals by fatigue toxins generated in the overacting muscle. Irritation of the fifth nerve which is projected to its

anatomical cause of true muscle imbalance and who after non-operative measures fail must wait for a miracle to correct the pathological changes. The

mechanism by excessive glare such as occurs in the tropics or under extremely bright artificial illumination. The treatment consists in the correction of refractive errors and muscle imbalance.

Hyperopic eyestrain results from excessive accommodation effort over convergence. Therefore

transverse to the muscle

O Connor emphasizes the frequency of glaucoma

of the nerve centers and muscles involved during 24 hours the subject is awake

GEORGE R. McALIFF, M.D.

Viner N. and McMurtry S. O. The Arrest of Luetic Optic Atrophy by Cisternal Injection of Mercury. *Canadian Medical Journal* 1925 xv 910

Formerly it was believed that luetic optic atrophy

was no conclusive evidence of intradural extension although it could not be definitely excluded. Three patients were found to have intracranial involvement

without result

Smith C Abscess of the Gasserian Ganglion Complicating Mastoidectomy for Acute Suppurative Mastoiditis Death Autopsy Ann Otol Rhinol & Laryngol 1925 XLV 938

Smith reports in detail a case of acute suppurative mastoiditis upon which he performed a simple

interference as it is present in only a small percentage of cases and occurs too late

JAMES C BRADSHAW M D

### NOSE AND SINUSES

Salinger S An Adjustable Splint for Fractures of the Nose Illinois M J 1925 XLIII 304

Numerous splints have been devised for nasal frac

intranasal splint which is left in place for from three to six days constitutes the main support of the fracture. It is well tolerated, allows sufficient space for drainage and breathing and does not cause pressure necrosis of any consequence.

The advantages of this apparatus are that it

of the bones GEORGE R McWILLIAMS M D

Mitchell E C The Paranasal Sinus as a Focus of Infection in Children South M J 1925 XXIII 686

In his study of the paranasal sinuses Mitchell

alone were infected in eighty four cases the sphenoid in two cases (both children at about the age of

sinuses to infections occurring later in life with the consequence that the infections tend toward greater chronicity.

In all of the author's cases constitutional and local

tion an autogenous vaccine was used routinely.

Surgical treatment consisted in opening the antrum and inserting a rubber drainage tube to keep the opening patent and facilitate washing of the antrum. This tube was left in place for one week but the cleaning of the cavity was often continued over a much longer period.

In the majority of the cases the offending organism was the streptococcus but in a few it was the staphylococcus aureus.

The tonsil had been removed previously in all but fourteen cases. Failure to recognize the presence of sinus infection at the time of the removal of the tonsils and adenoids will lead to recurrence of the symptoms for which they are removed.

The author cites some interesting cases in which the complaint seemed remote from paranasal sinus infection but when this infection was found and treated the trouble cleared up. These cases include

Wagers A J Chronic Otorrhoea with Special  
Reference to Conservative Treatment *Arch Otol*  
*U J* 1925 xxviii 827

pairment however it may improve hearing  
On the basis of these facts the amplifier part of

inductance a capacitance and a resistance which

Special curative agents employed were col. loda  
silver ultraviolet rays zinc ionization and a s per  
nt  
in  
ut  
he

thorough cleaning of the ear was probably an  
tant factor leading to recovery  
HENRY M GOODYEAR MD

White L E Papillomata of Otitic Origin *Arch*  
*Otolaryngol* 1925 ii 371

Lake R Means and Methods of Testing in Aural  
Disease *Arch Otolaryngol* 1925 ii 340

occlusion by  
Marconiphone is especially helpful The voice  
however is best of all not merely as a test of hearing  
but also as a means of estimating improvement  
GEORGE R McLELLIFF MD

Lillie H I and Lillie W I Choked Disks in Asso-  
ciation With Surgical Mastoid Disease Without  
Apparent Intradural Involvement *Arch Oto*  
*laryngol* 1925 i 355

In four cases of choked disk associated with sur-  
gical mastoiditis complete recovery resulted There

Coller T A Inevitable Damage Consequent upon Goiter Boston M & S J 1925 cxiii 545

The author wishes to emphasize the fact that all goiters have potentialities for harm and many will in time produce serious pathological changes. He writes especially of the endemic goiters.

Endemic goiters are combinations of the colloid

action of a low grade thyrotropic agent. Mental changes of a minor but disabling nature may be produced by this condition in patients with a psychopathic inheritance; it may cause even more grave abnormalities. No accurate determination can be made of the percentage of persons with adenomatous goiter who develop hyperthyroidism, but with the advance in age to the fifth and sixth decades nearly a third of hospital patients with adenomatous goiters present measurable hyperthyroidism. That the adenomata are responsible for this condition seems clear since their removal promptly causes a return of the basal metabolism to normal.

The author found evidence of some degree of tracheal compression in 26 per cent of his patients with endemic goiter. This form is considered a precancerous lesion with an incidence of malignancy of at least 3 per cent.

In the early years endemic goiter can often be prevented by supplying the necessary amount of iodine, but later after the adenomata have devel-

The danger in the administration of iodine in the New England states is its employment in nodular or adenomatous goiter. In such cases its use converts a non-toxic adenoma into a toxic adenoma. It should therefore not be given when nodules can be palpated.

In the Lahey Clinic the use of Lugol's solution has practically eliminated preliminary pole ligation; has made it possible to complete a subtotal thyroidectomy in one stage in the great majority of

the year from July 1, 1924 to July 1, 1925, 100 were completed in one stage and sixteen in two stages.

in bed.

Lugol's solution is not a cure for exophthalmic goiter. It is used only to prepare patients for operation. In the Lahey Clinic

thyroidism previous to the administration of Lugol's solution.

Since the use of Lugol's solution Lahey has noted an increase in the incidence of myxedema following subtotal thyroidectomy. He believes that this is

Lahey F H The Use of Iodine in Goiter Boston M & S J 1925 cxiii 487

Iodine is of value as a prophylactic agent against the development of goiter in children in regions

such conditions as rheumatism acute and chronic  
pyelitis bronchitis bronchial asthma and acute  
nephritis  
A R LAPP MD

## MOUTH

Morrow H and Taussig L Some Pathological  
Conditions of the Tongue *Cal forma & West*  
*Med* 1925 XXIII 1149

Leucoplakia one of the most common lesions of

metastasizing and frequently curable by surgery  
The indurated and infiltrating variety usually  
grows rapidly metastasizes early and resists  
therapy The latter form often arises on an old

## NECK

Hertzler A E A Classification of Goiters on a  
Pathological and Clinical Basis *Am J Surg*  
1925 XLIX 211

In Hertzler's opinion there is much confusion  
concerning the pathology of goiter because those who  
have talked about the subject greatly outnumber  
those who have studied the pathology of the disease  
and the majority of those who have studied the  
pathology have been concerned with the specimen  
only Heretofore two great groups of goiters have  
been recognized but the classification is difficult

described

### 1 The colloid

A Adolescent Age Childhood and early adult  
life no constitutional and little if any local  
disturbance The gland Uniform en-  
largement due to an increase in the colloid  
content of the acini Histology Little  
change in the acinal epithelium

B Interstitial Age Chiefly early adult life  
Constitutional symptoms Mild nervous-  
ness a moderate variation of the cardiac  
rate and easily induced fatigue The gland  
Small and uniform firm and sometimes  
sensitive to pressure Histology Vacuoli-  
zation of the colloid flattened acinal epi-

### C L

marked increase in the interstitial co-  
lloid

tional symptoms Loss of weight nerv-  
ousness and nausea The gland May or may  
not be larger and firmer Histology De-  
generation of acini and colloid occasional  
areas showing cell proliferation

### 2 The adenomata

A Fetal adenoma Constitutional symptoms  
May be extreme with nervousness and loss of  
weight gland pulsatile voice not high

Histology A true adenoma with an in-  
crease in the number of acini epithelium  
stains deeply

B Toxic (non Basedow)—papillary adenomata  
Constitutional symptoms Voice high  
pitched capillary dilatation general rest-  
lessness eye signs absent early but later  
pathognomonic recrudescence likely to  
occur in later years The gland Expansile  
Histology Marked gland proliferation but  
with papillation of the acinal epithelium

C Toxic Basedow type This is an advanced  
stage of type B

ANTHONY F SAVA MD

in most cases was rapid but in some instances was a little delayed by a slight serous drainage.

Beraud reviews seventy-two cases, nine of which were treated by the old open method. Five of the patients died within three months—thirteen in the first three days, four between the fourth and tenth days, three within two months, and one after three months. If the one who died after three months from intercurrent disease is omitted, the total operative mortality was 33.33 per cent. The mortality up to the second week after the operation was 29.16 per cent, or if the cases which were hopeless on their admission to the hospital are omitted, 20 per cent.

The deaths occurring on the first and second days were due to extensive traumatism or traumatic or operative shock; those occurring in the first three days to extensive traumatism or traumatic meningitis; those occurring between the third and the fourth to cerebral hemorrhage.

A case of open wound showed intense infection and cerebral hernia. The death occurring at the end of three months was due to embolism during pneumonia.

Of the cases of open wound, four died, three are included with the twenty-four early deaths; the mortality was 38.49 per cent. Two of them followed another operation performed two and one-half years after the first one, and one a latent infection. One was a sudden death.

The author concludes that the secondary mortality in case of skull wounds is much lower and sudden death is less frequent than is generally believed. Three of the four late deaths in the cases reviewed he attributes to the lighting up of apparently extinct foci of infection.

According to the type of wound, the mortality was as follows: in eighteen cases of tangential (non-penetrating) wounds, 11.11 per cent; in twenty-six cases of secant (penetrating) wounds, 46.15 per cent; in eighteen cases of wounds of entrance, 50 per cent; and in ten cases of wounds of entrance and exit, 50 per cent. In secant wounds, the zone of cerebral infection was small.

In the cases of entrance and exit wounds, the infection occurred early, and three were late. In twelve cases in which the projectile was not removed, there were four deaths, a mortality of 33.33 per cent. All of these deaths occurred early.

The paradoxically low mortality of twelve trephinations without removal of the foreign body demonstrates the tolerance of the brain to small

minimal in eight, moderate in nine, marked in ten, very great in one, and in one unknown. Twenty-two patients have the same occupation as before the operation; seven have changed to less difficult work; four have taken official employment reserved for the disabled; and four do not work. Fifteen are farmers. Of the patients who have chills, one has cerebral shell lag, and one has slight vertigo but has passed his examinations for a doctorate and is now practicing. WALTER C. BLISS, M.D.

Fisher, L. The Present Status of Vestibular Tests in Intracranial Conditions. *Laryngoscope* 1925, LXXV, 657.

In order to obtain more accurate data relative to the vestibular tests in intracranial conditions, the author made a study of the records of 303 cases which were treated at the University of Pennsylvania Hospital and in which the diagnosis was verified by operation or autopsy.

He found that vertigo and past pointing are reliable indications of the condition of the contents of the posterior fossa. A cerebellar lesion is usually associated with impaired vertigo and past pointing.

Signs: Nausea, pallor, sweating, and vomiting as the

lesion is easily made sick by turning or douching; the lesion is cerebellar. If on the other hand, large doses of ear stimulation do not upset him, the lesion is cerebellar. The presence of conjugate deviation of the eyes instead of a full nystagmus following stimulation is a fairly accurate indication of the side on which the lesion is.

Adson, A. W. Surgical Treatment of Facial Paralysis. *Arch. Otolaryngol.* 1925, LI, 217.

The author reviews the literature, anatomy, and



# SURGERY OF THE NERVOUS SYSTEM

## SPAIN AND ITS COVERINGS CRANIAL NERVES

Davidson E C and Allen C I The Blood Glucose Curve in Head Injuries Bull Johns Hopk Hosp Balt 1925 xxviii 217

damage to the brain tissue

The blood sugar curve following the intravenous injection of 25 gm of glucose was determined in

of the brain the average value at the end of fifteen minutes was much higher than that for normal persons and the curve fell to the fasting level much more slowly In cases of fracture of the skull the

cular herophili

was then removed and the opening enlarged

index finger

After débridement the tract was painted with

Dér

xliv 523

Kraus was among the first to advocate debridement and primary suture of head wounds During the war most skull wounds were operated upon from six to thirty six hours after the injury

was taken out The remaining sutures were removed on the tenth day After from fifteen to twenty days the patient was allowed to get up and was evacuated as a sitting case with the cicatrized scar hidden by hair

er that

cerebral fungus gave place to primary union which

in the first three days four between the fourth and tenth days three within two months and one after three months. If the one who died after three months from intercurrent disease is omitted the total operative mortality was 33.33 per cent. The mortality up to the second week after the operation was 29.16 per cent or if the cases which were hopeless on their admission to the hospital are omitted 20 per cent.

The deaths occurring on the first and second days were due to extensive traumatism or traumatic or operative shock those occurring in the first three days to extensive traumatism or traumatic meningitis those occurring between the third and

case of open wound showed intense infection and cerebral hernia. The death occurring at the end of three months was due to embolism during pneumonia.

Of ten patients who died within nine years after the operation four died from accidents (train automobile gunshot wounds) and two from disease (purulent pleurisy and tuberculosis). Only four deaths were attributable to the original injury. If these are included with the twenty-four early deaths the mortality was 38.88 per cent. Two of them followed another operation performed two and one half years after the first one and one a latent infection. One was a sudden death.

#### LOCAL INFECTION

According to the type of wound the mortality was as follows: in eighteen cases of tangential (non-penetrating) wounds 11.11 per cent; in twenty-six cases of secantial (penetrating) wounds 46.15 per cent; in eighteen cases of wounds of entrance 50 per cent; and in ten cases of wounds of entrance and exit 50 per cent. In secantial wounds the zone of

occurred early and three were late. In twelve cases in which the projectile was not removed there were four deaths a mortality of 33.3 per cent. All of these deaths occurred early.

The paradoxically low mortality of twelve trephinations without removal of the foreign body demonstrates the tolerance of the brain to small

minimal in eight moderate in nine marked in ten very great and in one unknown. Twenty-five patients have the same occupation as before the operation seven have changed to less difficult work four have taken official employment reserved for the disabled and four do not work. Eighteen are taxicab drivers. Of the eleven who have married nearly all have children. One patient with a secantial cranio-cerebral wound of the left temporal region from a shell fragment complains of slight vertigo but has passed his examinations for a doctorate and is now practicing.

WALTER C BURKET M D

#### Fisher L. The Present Status of Vestibular Tests in Intracranial Conditions. *Laryngoscope* 1925, xxiv, 637

In order to obtain more accurate data relative to the vestibular tests in intracranial conditions the author made a study of the records of 103 cases which were treated at the University of Pennsylvania Hospital and in which the diagnosis was verified by operation or autopsy.

He found that vertigo and past pointing are reliable indications of the condition of the contents of the posterior fossa. A cerebellar lesion is usually associated with impaired vertigo and past pointing.

tion. Nausea, pallor, sweating and vomiting as the result of douching and turning practically never oc-

mistakable neuro-otological signs of a brain lesion who is easily made sick by turning or douching the lesion is cerebellar. If on the other hand large doses of ear stimulation do not upset him the lesion is cerebellar. The presence of conjugate deviation of the eyes instead of a full nystagmus following stimulation is a fairly accurate indication of the side on

#### Adson A W. Surgical Treatment of Facial Paralysis. *Arch Otolaryngol* 1923, ii, 217

and full recovery are

completely paralyzed and have recovered a certain degree of motion, but there is no co-ordination be

of the proximal end of the spinal accessory to the distal end of the facial while others claim that

accurate approximation between the proximal and distal ends of the nerves sutured with interrupted sutures of silk and the time of the repair which

dry arthritis The perception of pain and tem

persistently the necessary exercises

When the paralysis has existed for more than three years little can be expected from nerve

but the results do not seem to be much better than those of spinofacial anastomosis In the case of recent

eyes

AUDREY L. MORGAN 10

Lecouturier The Result of a Spinofacial Anastomosis After Sixteen Years (Résultat après seize ans d'une anastomose spinofaciale) *Arch. f. an. o. belges de chir.* 1925, 22, 10, 303

# MISCELLANEOUS

Stuiz E. and Stricker P. Acute Hypotension of the Cerebrospinal Fluid of Traumatic Origin (Hypotension aiguë du liquide céphalo-rachidien d'origine traumatique) *Rev. de chir. Par.* 1925, 24, 506

tion

Tenche at first treated by hypotension with subcu

increased flow of the fluid from the ear but aroused the patient from coma. Each new intravenous injection produced the same effect.

Stulz and Stricker observed the syndrome of acute

intravenous injection of the distilled water led to complete recovery.

In one case while the lumbar puncture needle was connected with the manometer an intravenous injection caused the spinal fluid pressure to mount to 12 cm. In both cases a lumbar puncture several days later registered normal pressure.

In the third case the initial pressure of 5 cm. soon fell to 2 cm. but was increased to 12 cm. by the intravenous injection of a small quantity of distilled water. It then fell to zero and the patient's mental condition became clouded for forty-eight hours. A

other the pressure was 40 cm. when the patient was admitted to the hospital but hypotension was found on the third day.

The condition of all three patients quickly im-

proved. Stulz and Stricker consider the intravenous injection of from 30 to 40 c.c. of distilled water a simple, harmless and rational treatment for cerebrospinal fluid hypotension. Permanent relief may require two, three or more injections.

WALTER C. BURDET, M.D.

coma recurred and lumbar puncture showed renewed hypotension. In one case the symptoms included headache and vertigo and in the other dizziness, vomiting and a slow pulse. A second

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Portmann U V The Rôle of Radiation in the Treatment of Cancer of the Breast *Radiology* 1915 v 286

According to Lee and Herendeen a primary in operable cancer of the breast may be defined as a cancer characterized by any one of the following

Steinthal groups cases of carcinoma of the breast as follows

be found at operation

derlying tissues and the supraclavicular glands are

per cent

Group 2 Cases in which the axillary glands were involved 81 per cent

Group 3 Advanced cases with involvement of the

ancers

of no

comparative value

Postoperative intensive radiation especially in large doses is hazardous and increases the per

to breast cancer

The natural resistance of the body must be increased

MORRIS H KAHN M D

## TRACHEA LUNGS AND PLEURA

Churchill E D Pulmonary Atelectases, with Especial Reference to Massive Collapse of the Lung *Arch Surg* 1915 xi 459

and attended by physical signs and symptoms

In two of six typical cases of postoperative massive collapse of the lung the condition followed an operation performed under local anesthesia. In one it was associated with paralysis of the intercostal muscles and in two others with minor pulmonary embolus and a subdiaphragmatic tumor respectively.

The usual symptoms are dyspnea which at times is attended by cyanosis a dull pain beneath the xiphoid process elevation of the temperature the

of pulmonary collapse may alter the pathological course of an embolus lodged within its borders

CIRIL J. GLASPEL, M.D.

Whittemore W. Thoracoplasty in Advanced Pulmonary Tuberculosis. *Boston M & S J* 1925 cxviii 542

Surgery is indicated in cases of unilateral tuber-

severe hemorrhages are not as good surgical risks as earlier cases. Patients over 50 years of age are poor risks.

developed by Sauerbruch remains viz. extrapleural resection of the posterior portions of the ribs close to the transverse processes of the vertebrae.

In four of five cases in which Thearle induced collapse from above downward basal complications developed while in none of those in which the collapse was induced from below upward were there

viscera to the consequences of thoracoplasty and probably reduces the danger of aspiration. In the majority of cases it can be advantageously employed preliminary to surgical collapse.

In sixty cases treated by thoracoplasty the disease was arrested in 10 per cent and improved in 5 per cent. The mortality was 18 per cent.

JOHN J. MALONEY, M.D.

Kerley P. Neoplasms of the Lungs and Bronchi. *Brit J Radiol* 1925 xvi 333

The symptoms of malignant disease of the lungs are masked by those of complications such as chronic pneumonia, gangrenous degeneration, abscess formation and pleural effusion. The X-ray plates however are fairly characteristic.

Lung tumors may be classified into six groups—the pneumonitic, nodule, nodular, cavernous, metastatic and carcinomatous forms.

The pneumonia form is the most common. The lung lobe affected, which as a rule is the upper lobe, appears as a moderately dense shadow sharply outlined by the interlobar tissue. The presence of fluid is ruled out by the sharp border of the shadow, its position and the fact that it is rarely dense enough to obscure the shadow of the ribs. Toward the apex and the lateral wall the intensity of the shadow decreases. The apical field may be quite

about one third are cured and one third are benefited. The remaining third are those not benefited, those in which the condition progresses and those that are still under treatment or cannot be traced.

LEO M. ZIMMERMAN, M.D.

Thearle W. H. Extrapleural Thoracoplasty in Pulmonary Tuberculosis. *Med J & Ac* 1925 cxviii 399

of for the we performed the amount of rib that should be removed and whether the resection should be performed from below upward or above downward the principle of the operation as

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uniform by thin or thick dense shadows

These are not so sharply outlined as metastases. The associated intense peribronchial infiltration also proves that they are primary.

The cavernous type of lung neoplasm is exceedingly rare. It is suggested by the presence of a huge solitary cavity in one lung. The association of slight manifestations of tuberculosis with such a cavity does not necessarily mean that the cavity is tuberculous. The differential diagnosis from phthisis and abscess of the lung is very difficult, but in cases of cavernous tumor a good roentgen plate shows

as the contents of the cavity are coughed up.

The metastatic form of lung tumor is of two types: the isolated and the disseminated. The former is

side. It was impossible to establish a relationship between the character of the shadow and the organism isolated. Cardiac displacement was present in 40 per cent of the cases. One fourth showed a definite

## HEART AND PERICARDIUM

Felix, *et al.* *et al.* in Operations on the Peri-

The author reports seven cases in detail. He calls attention to the fact that in many instances

In dogs with mitral insufficiency, Felix produced

Carty, J. R. and Liebman, G. The Roentgen Aspect of Empyema in Children. *Am J Roent*  
*g* vol. 1923, no. 215

Empyema in children is often very difficult to diagnose clinically and its roentgen picture is frequently puzzling. This article is based on a study of 225 cases of empyema and 100 cases of non-purulent effusion.

ture may change over night.  
films are taken in the upright

## ESOPHAGUS AND MEDIASTINUM

Line, *et al.* *et al.* of Thymectomy on the

1923, 11, 43

scotomosis distal to the narrowing of the intercostal spaces on the affected

The experimental animals used in this study of partial and total thymectomy were young cats, dogs

pigs and goats. The operation performed was the median procedure recommended by Basch and modified by Klose and the positive pressure apparatus used was the Volhard Meltzer apparatus as modified by Klose. The animals were kept under

1 Tumors originating from the proliferation of the lymphocytic cell element of the mediastinal lymph glands or of the thymus (such as lymphosarcoma, thymoma, pseudoleukemia, lymphatic leukemia and simple lymphoma). These tumors entirely disappear within from four to ten days following the administration of a 90 to 100 per cent skin unit standard dose of roentgen rays over the tumor mass.

2 Tumors originating from the proliferation of the reticulo endothelial cell element of the mediastinal lymph glands and thymus (Hodgkin's disease, Sternberg's type of hyperplastic tuberculosis, endothelioma). Following the administration of a 90 to 100 per cent skin unit dose these tumors are reduced within ten days to about one half their original size and then entirely disappear within six weeks following the exposure.

3 Other primary tumors of the mediastinal area.

Evans W. A. and Leucutia T. Deep Roentgen Ray Exposure as an Aid in the Differential Diagnosis of Mediastinal Tumors. *J Am M* 111: 1925 lxxiv 1215.

As the pathological diagnosis of mediastinal tumors is always very obscure unless a secondary

show a more or less pronounced reduction in size following the administration of the 90 to 100 per cent standard skin unit dose but rarely disappear in six weeks following the exposure. In such cases the radiation helps to establish the fact that the neo-

sensitivity this causes a reduction in the size of the tumors. According to the variation in size mediastinal tumors are classified as follows:



# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Van Hook W. Contributions to the Surgery of Abdominal Hernia *Boston M & S J* 1925 ccciii 714

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I aden the possibility that the chloride may be destroyed or consumed in the toxemia. They therefore studied the therapeutic use of chlorides.

blood findings obtained in the severe toxemia that followed were similar to those mentioned. In low

Van Hook transplants the lower part of the rectus muscle or muscles to Poupart's ligament or to the

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died after two three and four days. In another

muscles

In suitable cases these methods have yielded successful results. JOHN A. WOLVER, M.D.

Heaney F. S. and Simpson G. G. E. Two Cases of Hernia Through the Transverse Mesocolon. *Brit J Surg* 1925 xiii 387

was introduced into the lumen of the intestine the results were the same as those obtained by hypodermolysis.

Th. here no a of h a t ch

genital defects of the mesocolon, violence and ptosis. The authors believe that the most important factor is midline ptosis which was present in ten of the twenty-one cases reported.

SHIRLEY C. LYONS, M.D.

Davidson I. B., Wilcox E. and Haagensen C. D. Gastric Excretion of Neutral Red. *J Am M* 42 925 lxxxv 794

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## GASTRO-INTESTINAL TRACT

Orr T. G. and Haden R. L. Reducing the Surgical Risk in Some Gastro-Intestinal Conditions. *J Am M Ass* 1925 lxxv 813

In six groups of patients 4 c.c. of a 1 per cent solution of neutral red were injected intramuscularly and the rate of its excretion was studied. The averages of the different groups confirmed the results previously reported. Patients with hyperacid

in the lower quadrant may be made. The treatment is simple viz. repair of the rent and drainage if necessary. Drainage of the site of rupture may interfere with proper healing and favor sinus formation and should therefore be avoided if possible.  
ANTHONY T. SAVA, M.D.

it seemed impossible to draw any conclusions regarding the pathological physiology of the stomach.

The anacidity group included two types of cases—those with carcinoma or secondary anemia in which

tiation of several cases of secondary anemia with

**Elliot E. Acute Perforated Pyloric Ulcer Condition Twenty One Years After Operation**  
*Ann Surg* 1925 lxxvii 663

The author reports the case of a man who was operated upon twenty one years ago for perforated ulcer of closure tomy being only at the first part of the duodenum.

In Elliot's opinion a subsequent gastro enterostomy is often unnecessary after simple closure of an

**Hertzler A. E. Acute Surgical Conditions of Gastric Origin** *J Missouri State M Ass* 1925 xvi 345

Hertzler states that a history of hunger pains relieved by alkalies is obtained only once in twenty

only clinical treatment the subjective symptoms disappeared and on recent X ray examination satisfactory function of the gastro enterostomy was found and there was no evidence of ulcer. This case demonstrates that gastric ulcer may develop in spite of a gastro enterostomy and that even in apparently unfavorable cases good results may be obtained without operation.  
WILLIAM J. PICKETT, M.D.

**Lund F. B. Comments on the Surgery of Carcinoma of the Stomach** *Boston M & S J* 1925 cxvii 666

Most cases of carcinoma of the stomach reach the surgeon too late for anything more than ex-

without blood

The author warns against making a positive diagnosis on the basis of insufficient data. A history of gastric distress is obtained in only half of the cases. Although the picture of recently perforated

tiation of morphine

The fact that the most severe pain and most

demonstration of extensive involvement by means of the X ray contra indicate even exploratory op-

junctionum

Shifting tenderness is confusing but if the per-

will  
om  
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tor  
act

ovarian cyst or some other pathological condition

JERES H. KAHN, M.D.

**Liu J. H. Tumors of the Small Intestine with Special Reference to the Lymphoid Cell Tumors** *Arch Surg* 1925 xl 602

In the cases reviewed by the author the lymphoblastoma the most common tumor of the small in-

testine was found three times as frequently as

intestine than females the ratio being more than two to one

Adenoma occurs in persons under 30 years of age and carcinoma in those over 35 years. Lymphoblastomata may occur at any age but over 40 per cent develop in children under 10 years old

2 Duodenal diverticula of developmental origin

associated with duodenal ulcer and their symptoms were those of this lesion. Small non-inflamed diverticula require no treatment but the larger ones should be inverted into the lumen of the bowel or removed by a plastic operation

3 Secondary involvement of the duodenum by malignant growths. Three specimens are described. Slight involvement of the duodenum was found in five of fourteen cancers of the pylorus seen at autopsy. Cancer of the duodenum is either secondary or primary. It is usually impossible even at

Hurst A F and Rowlands R P. Diverticula of the Colon. *Guy's Hosp Rep* Lxli 1923, 174, 467

The authors give a brief review of the literature on diverticula of the colon beginning with Cruveilhier's article in 1849. Some of the early descriptors

muscular atrophy and the presence of excess elastic tissue in the walls of the colon. It is possible also that diverticula may form at the site where the blood

feces

From the clinical standpoint diverticula may be divided into two types the inflammatory and the obstructive. The inflammatory type causes symptoms very similar to those of acute appendicitis but on the left instead of the right side. The process may subside by draining into the bowel or may go

into the peritoneum. In the inflammatory type the diverticulum is usually small and the inflammation is localized. In the obstructive type the diverticulum is usually large and the inflammation is extensive. The inflammatory type is usually cured by medical treatment. The obstructive type usually requires surgical treatment.

be either benign or malignant. Even by a careful study of microscopical sections it is impossible to foretell whether a lymphoblastoma will recur or not. CYRIL J CLARKE M.D.

Berg H H. Direct Signs of Duodenal Ulcer. *Brit J Radiol* 102, 222, 37

The author has improved the method of demonstrating the anatomical details of duodenal lesions by the Akerlund technique. For the visualization of niches on the anterior or posterior wall he advocates his "aimed snap shots" taken in different positions. The second oblique direction is recommended for the demonstration of these lesions.

In Berg's opinion the swelling of the mucous membrane folds is an important cause of the contraction which has hitherto been considered purely spasmodic. Attention is called to the radiating folds converging to the ulcer which appear only when there is a certain degree of compression. By careful roentgenological study it is possible to recognize the anatomical state of the lesion and to determine accurately the indications for medical or surgical treatment. JONAS A WOLTER M.D.

Nagel G W. Unusual Conditions in the Duodenum and Their Significance. Membranous Obstruction of the Lumen. Diverticula and Carcinoma. *Arch Surg* 1925, xi, 529

The unusual condition in the duodenum is

and are best detected when the colon has been examined. **Primrose A. Tumors of the Large Bowel.** *Canadian Medical Association Journal* 1925 xv 897  
This article is based on a study of 107 cases of

Atropine may be given. Surgical treatment includes excision of the diverticulum, colostomy, short circuiting operations and resection. In selected cases resection is favored. In the presence of abscess and peritonitis the treatment should be along general surgical lines. **JOHN A. WOLFER, M.D.**

**Erdmann J. F. Acute Diverticulitis of the Colon.** *New Jersey Medical Society* 1925 xvi 376

Diverticulitis occurs most frequently in the left lower quadrant but may develop in any part of the colon. It is most common in males between the ages of 40 and 50 years but has been found also in children. All that can be said of its origin is that under the influence of undue pressure, pouching of the intestinal coats takes place because of weakness of the intestinal wall.

Diverticulitis may be classed as true or false. The

this form the condition may be confused with carcinoma. The author believes that many patients who were thought to have a carcinoma and were still alive five years later were in reality suffering from diverticulitis. The most frequent complication of the acute type of diverticulitis is abscess formation and adhesion to neighboring viscera, especially the bladder.

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crypts into which probes of various sizes may be introduced. In a number of these pouches fecal concretions may be found.

While it is known that in this as in other in

muscular coat. Septic infection, abscess formation and perforation frequently result. Inflammatory thickening may produce tumor formation and obstruction of the bowel. A temporary colostomy may

frequently an early sign but symptoms of obstruction occur late in the disease on account of the large capacity of the colon and rectum. The general practitioner frequently loses valuable time by treating the patient for hemorrhoids.

In early cases the operation of choice is resection of the bowel. In advanced cases the combined abdominoperineal operation with wide removal of the lymphatic channel and lymph glands may be justified but has a high mortality. The value of

examination of the abdomen demands a laparotomy. Blood in the stools suggests a serious condition and a ray examination should be made. Proximal to a growth the bowel is dilated and the muscular coat hypertrophied.

The operative procedure must be determined after the abdomen is open and the conditions have been accurately determined. In acute obstruction or abscess formation the two stage Mikulicz operation is the procedure of choice.

General carcinomatosis abdominalis is almost invariably secondary to a primary focus within the abdominal cavity. The most common source is a primary malignant papilloma of the ovary. Primrose reports three cases which illustrate the remarkable possibilities as to prolongation of life in this condition. Attention is called to the fact that there are occasional cases in which general carcinomatosis disappears spontaneously and with an apparently permanent cure. **MERLE P. HOOD, M.D.**

**Erfiedenwald J. and Rosenthal L. J. The Diagnosis of Carcinoma of the Colon and the Rectum.** *Medical Journal* 1925 cxviii 447

it was the lowest mortality  
**HARRY W. FINE, M.D.**

Next to the stomach the rectum is the most frequent site of malignant growths in the gastrointestinal tract

Of the sixty four patients with carcinoma of the colon whose cases are reviewed by the author 85

colon as far as the promontory In order to prevent cancer of the colon

HARRY W. FINE, M.D.

Outerbridge C. W. Cystic Lesions of Possible Endometrial Origin in the Appendix A Report of Four Cases *Am J Obst & Gynec* 1915 2 54

Outerbridge describes four appendices showing rather remarkable and unusual lesions in the form of

successful

# LIVER GALL BLADDER PANCREAS AND SPLEEN

Sh

Ba

SHATTUCK, BROWN and PRESTON, *Mass & Conn*

cellular tissue All were in the outer layer having apparently no relation whatsoever to the mucosa They were lined by a single layer of columnar epithelium varying somewhat in height and were associated with definite evidences of marked chronic or subacute inflammatory changes in the appendix All occurred in women E. I. CORVELL, M.D.

Helffer D. B. Cancer of the Rectosigmoid Tract *Alta H & M J* 1915 xxviii 814

Rectosigmoid malignancy is the most common intestinal type of carcinoma occurring caudal to the pylorus

and proctoscopic examination are the best guides to an early correct diagnosis

Carcinoma of the lower bowel spreads in three directions—downward laterally and upward since the intramural lymphatics run at right angles to the wall of the gut the major difficulty is encountered

and free from danger Its greatest value is in the

# Starr F N G Biliary Disease as Seen in General Practice *Canadian M Ass J* 1935 xv 922

In obtaining the history of a patient with gall bladder disease it is better to ask: How does your trouble affect you? rather than: What is your chief complaint? The relationship of the pain to discomfort or gas to the taking of food must be learned. Constipation and the presence of mucus in the stools are frequent symptoms. If jaundice is present its type must be determined. Catarrhal jaun

appearance of clay colored stools indicates common duct obstruction. Painless jaundice associated with failing health usually means malignancy of the head of the pancreas.

Attention is called to the fact that pressure may be produced on the common duct by a large appendiceal abscess.

Gall stones are three times as common in women as in men and because of the high content of cholesterol in the blood during pregnancy they are particularly common in women who have borne children.

Inflammation of the gall bladder begins early in life. In over 36 per cent of the author's series of almost 1,000 cases there was a history of pain, head ache and bilious attacks before the age of 25 years. In some cases stone formation occurs in others

detoxication of proteins. Clinical experience has shown that while these functions are probably very closely related they may act entirely independently of each other. Since they probably modify the activity of every other essential organ in the body every functional liver test must be interpreted in the light of the influence of the liver on other organs.

Without any laboratory test upon the patient. The Widal hæmolytic crisis probably tests the proteolytic function of the liver which is allied to but different from its bile forming function. Liver function appears to be closely associated with the behavior of the blood stream leucocytes. Both come under the influence of any foreign protein introduced through the intestinal tract or the tissues elsewhere. It seems probable that the leucocyte tests used to day are in reality liver function tests. An extreme leucocytosis in the presence of bile is probably caused by a hæmolytic crisis resulting acting not because of the presence of bile but in spite of it. In the last analysis the icterus index is a measure of the bilirubin in the blood stream. Its clinical interpretation must depend upon all of the factors that will produce this condition. It is a valuable aid in diagnosis, prognosis and treatment.

CYRIL J. GLASPEL M.D.

dition is accompanied by pain in the epigastrium and tenderness usually a little to the left of the midline. Repeated attacks of pancreatitis may be

cases is preceded by a sense of discomfort in the upper part of the abdomen on the right side. Mucus was present in the stools in 26 per cent of the cases operated upon and in 90.3 per cent of the mucous colitis was entirely relieved by the operation. Nausea was overcome entirely in 86.7 per cent of the cases in which it was present and vomiting in 66.2 per cent.

In uncomplicated cases of chronic cholecystitis treated by cholecystectomy the mortality is under 1

per cent while in very acute cases in which only the simplest drainage is done it is approximately 15 per cent. In the variously complicated cases with acute or chronic pancreatitis it is almost 5 per cent.

Sixty per cent of the author's patients report themselves cured at the end of a year. In additional 31 per cent are relieved of most of their symptoms and about one half of 1 per cent state that their condition is worse.

MERLE R. HOOVER, M.D.

Summers J. E. How the Mortality May Be Reduced in Operations on the Gall Bladder and Gall Ducts. *Virginia State M. J.* 10: 5-7, 1913.

One of the most marked advances in gall bladder surgery is the prophylactic preparation of cholera.

Appraisal of the patient may be done in the patient is fat as it must be done more by the sense of touch than by the sense of sight. As a result the security of the ligatures is less dependable. Mention is made of the growing tendency to remove the gall bladder and close the abdomen without the establishment of drainage, a practice occasionally followed by death which the author believes might otherwise have been prevented.

Early cholecystectomy removes the danger of cancer and other serious changes in the gall bladder and prevents the spread of gall bladder infection.

MURKIN, RALPH M.D.

Durden V. G. Observations on the Histological and Pathological Anatomy of the Hepatic Cysts and Common Bile Ducts. *Iowa Surg.* 1925 XXXII: 584.

or diverticula.

The ducts are provided with a well developed musculature composed of isolated longitudinal and circular bundles situated in the outer layer of the duct and separated from each other by connective tissue. The muscle does not form a compact layer but is arranged as a loose network.

Laf.

The first case reported was that of a patient aged 63 years who had had typhoid fever thirteen years previously and for some years had experienced a sensation of heaviness and discomfort in the right hypochondrium. During the past nine months there had been increasingly severe attacks of pain in the pit of the stomach. The attacks at first came on at

1 1/2 cm from the duodenum in a thickened constricted segment which would not admit a fine probe.

Lalourcade performed a lateral anastomosis of the dilated common duct with the second portion of the duodenum and closed the abdomen without

drainage. The patient completely recovered with

recently there had been hepatic attacks of great severity which occurred every five or six hours.

At the time the patient was examined by the

on incision of the hepatic duct a large quantity of bile escaped.

means of sutures and covered the connecting rubber tube with the neighboring structures—the duodenum, pylorus and gastrophrenic omentum. The abdominal wound was closed around a drainage tube. The patient stood the operation well but

common bile duct early intervention is important  
WALTER C. BURKE, M.D.

McWhorter, G. L. Cysts of the Pancreas. *Arch Surg.* 1925, 21, 619.

Cysts of the pancreas may be divided into four main classes: (1) retention cysts; (2) cystic neo-

proliferation cysts are those resulting from tumors or primary cystic degeneration of the pancreas.

Isoduodenal cysts are usually the result of hemorrhage, necrosis or degeneration; often there is a history of trauma.

Parasitic cysts, which are rare, are generally due to the echinococcus.

Islet of Langerhans cysts occur with equal frequency in males and females. They are most common be-

tween the ages of 20 and 40 years. In a number of cases they have been discovered immediately or soon after childbirth. Gall stones and gall bladder disease are frequently associated with cysts of the pancreas.

Islet of Langerhans cysts vary in size and may be either single or multiple. In general the tail of the pancreas seems to be their most common location. The cyst contents vary from a milky to a brownish fluid. The cyst walls are usually fibrous and vary in thickness.

In the cases reviewed the duration of the symptoms ranged from a few months to many years. One of the most constant symptoms was pain which came

and cause increasingly severe symptoms.

Drainage of the cyst has resulted in a high percentage of cures with a low mortality and in the majority of cases may be wisely chosen. Because of the danger of hemorrhage and injury to the ducts complete excision should be attempted only when the cyst is located in the tail of the pancreas or has a pedicle. Partial excision may be done in selected cases.

CYRIL J. GLASPEL, M.D.

## MISCELLANEOUS

Hedblom, C. A. Diaphragmatic Hernia. A Study of 378 Cases in Which Operation Was Performed. *J. Am. Med. Ass.* 1925, LXXXIV, 947.

This article is based on a study of 30 cases of diaphragmatic hernia treated at the Mayo Clinic.

wound or rupture of the diaphragm by sudden greatly increased pressure. In one sixth it was congenital and in one sixth acquired.

In a large percentage of the reported cases the

operation or autopsy.

The history of a penetrating wound of the lower thorax, a crush, a collision or a fall, or symptoms referable to either the abdomen or the thorax should suggest the possibility of diaphragmatic hernia in



is least harmful when it is administered as a supplement to a local anesthetic under which the operation is begun.

Operation is safer when the urine contains some sugar than when it contains no sugar but shows acetone and diacetic acid. It is therefore unwise

struction thoracotomy has had a somewhat lower mortality than laparotomy and successful closure has been effected much more frequently.

In more than 90 per cent of the cases reviewed there was no sac. The occurrence of operative

pleural cavity

Laparotomy or thoracotomy usually involves the technical considerations and problems of surgical pneumothorax. H. HOLT C. V. M.D.

Jones D. F., McKittrick L. S. and Root H. F.  
Abdominal Surgery in Diabetes. *J. Am. Med. Ass.*  
1915 LXXX 809.

The authors strongly urge the co-operation of internist and surgeon in the treatment of surgical diabetes in order that the mortality may be decreased and unfavorable postoperative sequelae may be prevented. In the induction of anesthesia ether

ANTHONY F. SULLIVAN

# GYNECOLOGY

## UTERUS

Masson J C and Foucar H O The Use of Zinc Chloride in Gynecology *Am J Obst & Gynec* 1925 x 355

Zinc chloride was used in the Mayo Clinic in the treatment of thirty gynecological patients whose ages ranged from 30 to 67 years (average age 50 years) Twenty five (83 per cent) were more than 45 years old Twenty six of the thirty patients complained of

to protect the vagina

The advantages of the procedure are that it is

scopic examination of the scrapings

Ulcerulent hypertrophic atrophic and polypoid endometritis fibromyomata and cervical and uter

Clark J G and Block F B The Treatment of Uterine Fibromyomata *Am J Obst & Gynec* 1925 x 560

In the authors complicated cases of uterine fibromyomata subjected to operation the mortality is 3 per cent but in their operative series as a whole it ranges from 0.7 to 1.4 per cent In their entire series of 422 cases treated by irradiation or operation it ranges from 0.47 to 0.7 per cent according to the method of calculation The mortality and morbidity of fibroid tumors of the uterus are due usually to the complicating lesions

E L CORNELL M D

471 hysterectomy and in 75 myomectomy In 500 radium was used The authors experience with the method lead them to believe that it has a very limited field it is probably not applicable to more than 2 per cent of uterine cases but in those in which it is especially indicated it usually gives satisfactory results

The zinc chloride treatment is simple but should be undertaken with scrupulous care There must be no excess of solution on the gauze because uterine contractions may squeeze a few drops of it through the tubes into the pelvic peritoneum or through the cervix into the vagina If the gauze touches any part of the genitalia before it enters the uterus a burn will result

The operation occupies a position intermediate

Stacy L J The Treatment of Carcinoma of the Body of the Uterus *Radiology* 1925 v 331

The author reviews a series of 269 cases of carcinoma of the body of the uterus in which hysterectomy was performed at the Mayo Clinic between January 1 1907 and January 1 1911 and also a

patients should be women passing through or past the menopause who are having abnormal bleeding or

Carcinoma of the body of the uterus is most common in the fifth decade and tends to remain localized in the uterine muscularis

After the menopause the first symptom of carcinoma is most frequently a bloody vaginal discharge while before the menopause it is intermenstrual bleeding Pain is rarely an early symptom

Obtained from ...

carried out a series of experiments

It was found that potassium iodide and sodium salicylates are rapidly absorbed from the vagina and appear in the urine an hour after their introduction

duration of the symptoms before operation and (4) the patient's resistance to malignancy a term used for the unknown factor of carcinoma

## MISCELLANEOUS

KAVACS F The Influence of the Male Sex Gland on the Female An Experimental Study to Determine the Sex Ratio of the Offspring  
*Am J Obst & Gynec* 1925 11 517

The ratio of male offspring of the albino rat can be increased by subcutaneous injections of testis tissue into the female rat eight days before mating The author obtained the greatest influence by transplanting the testis into the female rat before the mating Subcutaneous injections of testis tissue of the same species into the female rat causes a temporary sterility lasting for from three to eleven weeks

Steinach's theory of the antagonism of the gonads is incorrect A successful transplantation of testis into the adult female rat can be done without previous removal of the ovaries Such females can become pregnant give birth to young and raise

## EXTERNAL GENITALIA

PALMER A C Endometriomata of the Vulva and Perineum *Proc Roy Soc Med Lond* 1925 XVIII Sect Obst & Gynec 83

All of the three endometriomata described were situated in the region of the vulva One was in the subcutis of the perineum one in the subcutis at the upper part of the left labium majus and one in the upper part of the right labium majus

In one case the tumor may have been the result of implantation but in the two others there had been no operation of any kind

In the second case the nodule had been causing symptoms for two years As no other abnormality was found in the genital canal and no previous

See also ...

SCARLIONE S Sterilization by Testicular Transplants (Stabilità da innesti di testicolo omologo)  
*Riv Ital di Ginec* 1925 11 819

Following the transplantation of a large piece (size not stated) of rabbit testis into the backs of nineteen healthy female rabbits these animals remained sterile for from one hundred and fifteen to one hundred and sixty days while controls were under the same conditions conceived after from twenty six to one hundred and one days Four

See also ...

## ROLAND S CRON M D

ROBINSON G D Absorption from the Human Vagina *J Obst & Gynec Brit Emp* 1925 XXXII 490

It has been suggested by clinical evidence that certain constituents of the semen are normally ab-

showed fatty necrosis and destruction but in a few cases there was some evidence of growth and vitality of the interstitial cells of the transplants In all of the experimental animals there was no change in

the histological picture of the ovaries and uterus despite the presence and active functioning of a transplant of the opposite sex gland

The author found also that the sera of the female rabbits with testicular transplants would fix spermatozoa in from ten to fourteen minutes in the cases of animals with only one transplant and in from three to ten minutes in the cases of those with three transplants. The controls fixed sperm in from nine to twenty minutes

SAMUEL J. FOGELSON, M.D.

Clark, J. G. The Poor Risk for Surgery of the Pelvic Organs. *J. Am. M. Ass.* 1925 LXXXV 881

The author briefly discusses the relative merits of the various anæsthetics and points out the necessity for the greatest possible skill in their administration. Because the anæsthetist today occupies a premier position in the staff of surgical assistants the frequency and gravity of postoperative sequelæ so far as the patient's general condition is concerned are reduced to the minimum provided the patient has

pletion of an operation while the patient is in the Trendelenburg position and still under anæsthesia. So called heart failure is the last danger that the

properly estimated have ceased to cause anxiety. With the methods now available for the estimation

Carcinoma of the body of the uterus is most common in the fifth decade and tends to remain localized in the uterine muscularis.

After the menopause the first symptom of carcinoma is most frequently a bloody vaginal discharge while before the menopause it is intermenstrual bleeding. Pain is rarely an early symptom.

Uterine fibromyoma apparently increases the incidence of carcinoma of the body of the uterus and may mask the symptoms of the carcinoma.

When there are suggestive clinical signs of malignancy care must be taken not to place too much reliance on a negative report from the microscopic examination of tissue removed with the curette.

Several factors evidently determine the prognosis following hysterectomy for carcinoma: (1) the grade of malignancy, (2) the age of the patient, (3) the duration of the symptoms before operation and (4) the patient's resistance to malignancy, a term used for the unknown factor of carcinoma.

absorbed from the vagina and, circulating in the blood, exert a physiological effect on the functions of the body in general. So far as the author is aware, however, no definite experimental evidence has been adduced to show that the human vagina possesses the power of absorption. To settle this question he carried out a series of experiments.

## MISCELLANEOUS

Kavacs F. The Influence of the Male Sex Gland on the Female in Experimental Study to Determine the Sex Ratio of the Offspring. *Am J Obst & Gynec* 1925 21: 517.

The ratio of male offspring of the albino rat can be increased by subcutaneous injections of testis tissue into the female rat eight days before mating.

## EXTERNAL GENITALIA

Palmer A C. Endometriomata of the Vulva and Perineum. *Proc Roy Soc Med Lond* 1925 21: 111. *Sect Obst & Gynec* 83.

closely resemble an ovum. It is said that the patient had had an ectopic pregnancy; the alteration in structure might have been due partly to pressure from haemorrhage into and around the gland tubes and partly to the resulting inflammatory reaction.

ROLAND S. CROFT M.D.

Robinson G D. Absorption from the Human Vagina. *J Obst & Gynec Brit Emp* 1925 22: 496.

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showed fatty necrosis and destruction in a few cases there was some evidence of growth and vitality of the interstitial cells of the transplants. In all of the experimental animals there was no change in

condition he calls attention to the sensitiveness to pressure of the abdomen. Cullen's sign and other symptoms which are of aid in the diagnosis and emphasizes the diagnostic value of abdominal paracentesis.

VON WEINZIERL (G)

### LABOR AND ITS COMPLICATIONS

Bretz M. Rotation of the Uterus During Labor  
(Uch endrehung des Uterus in der Geburt) Monats  
schr f Geburt u Gynäk 1925 Nov 30

The case reported was that of a 21 year-old rachitic primipara with talipes equinus on the left side, a lumbar kyphosis and a narrow pelvic outlet. The head of the fetus was flexed to the right and the fundus was underneath the left costal arch. The occiput was firmly fixed on the right side above the pelvic brim and could not be brought into the pelvic inlet.

Seven hours after the beginning of labor pains the patient complained of sharp pains on both sides of the abdomen and became very restless. Nine hours

child weighing 3650 gm was removed. After de-

the author suggests that it may have been due to the pendulous condition of the abdomen resulting from the kyphosis.

SCHUBERT (G)

De Lee J B. An Illustrated History of the Low or Cervical Cesarean Sections. 1: J Obs & Gyn 1925 x 503

The history of the cervical cesarean section shows

operation of Ritgen (1811), Thomas (1870) and Davis (1924). Death the usual outcome was due to hemorrhage or peritonitis resulting from imperfect closure of the uterine wound. The lochia were almost always discharged through the abdominal aperture.

The first to make a purposeful scientifically thought-out attempt to circumvent these dangers was Oslander of Goettingen. Ritgen in 1821 following the same line of reasoning tried to reach the

low operations for abdominal removal of the child. One was similar to the Ritgen procedure. The other was the same in all respects except that the approach to the vagina was made through the peritoneal cavity. In 1894 Physick of Philadelphia recommended to Dewees a true extraperitoneal cesarean section.

In 1870 Thomas of New York revived Ritgen's

making the incision at the juncture of the cervix with the body of the uterus and transversely. He insisted on accurate suture. Not enough attention was paid to this advance in the technique. Stenger's improvement of the classical cesarean section in 1822.

cases without a death. German obstetricians then began experimenting with the new procedure.

uterine segment. Hirst of Philadelphia worked out an identical operation independently.

The anatomical studies of Sellheim on the pelvic viscera in the nonpregnant and pregnant states served to clear up many questions regarding the possible methods of approaching the cervix by the abdominal route. Sellheim first tried to follow

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

McDonagh J E R The Changes the Blood Undergoes in Pregnancy and After J Obst & Gynaec Brit Emp 1925 xxvii 512

The toxemias of pregnancy and the puerperium are due to the physical changes occurring in the protein particles of the plasma

The protein particles are subjected to dehydration When this process is simple some of the protein particles merely part with their absorbed constituents (electricity salts sugar amino nitrogen and fat) and go into true solution but when it is severe they increase in number to such an extent that gelation occurs or they increase in size agglutinate and become precipitated

In pregnancy gelation is the cause of hyperemesis gravidarum while in the puerperium it is responsible for venous thrombosis

Gelatohydration or precipitation is the cause of eclampsia in pregnancy and of various forms of cerebral disorientation in the puerperium

by hydration

Precipitated particles must be broken up when this is achieved they circulate again Gelatohydrated particles are best broken up by colloid iodine glucose sodium thiosulphate and oxygen

The mesenchymatous changes resulting from long continued dehydration are best overcome by organic preparations of sulphur such as thiol histamine contramine and insulin

to sustain a 3 lb weight for twelve hours continuous

with the tissues closed are passed until the head is reached The blades are then separated and pressing on the scalp are closed

macerated

The puerperium was afebrile in five cases and slightly febrile in two In neither instance was the sepsis severe

Damage to the scalp varies with the duration of the traction When the traction is continued for

The T ... of Placenta Praevia  
ort of  
19 5

on 22

1 D

Hempel E Ruptured Extra Uterine Pregnancy and its Treatment by Autogenous Blood Transfusion (Leber die E platete E traute gra iditset und deren B handlung mit E ig ablu fusionen) B tr Kl Ch 1925 xxxvii 367

be decreased

It was first necessary to obtain a satisfactory traction for forceps Willett concluded that when fixed in the scalp of a dead fetus the forceps should be able

condition he calls attention to the sensitiveness to pressure of the abdomen. Cullen's sign and other symptoms which are of aid in the diagnosis and emphasizes the diagnostic value of abdominal paracentesis.

The blood used for autogenous infusion must be free from infection and must not be too old. As it is removed from the abdomen it should be treated with

clusion he reports the cases in which he has used the method and describes his technique.

VOY WENZEL (G)

### LABOR AND ITS COMPLICATIONS

Bretz M. Rotation of the Uterus During Labor  
(Achsendrehung des Uterus in der Geburt) *Monatschrift f. Geburtsh. u. Gynäk.* 1925 112: 20

The case reported was that of a 21 year-old

woman was not recorded until 1420 but was practiced long before Christ. The Babylonian Jews in the Mishnejoth (140 B. C.) described two kinds of caesarean section the Karyoth Habeten which was similar to the classical operation and the Jotze Dofan or flank delivery which may have been the operation of Ritgen (1821). Thomas (1850) and Davis (1924). Death the usual outcome was due to hemorrhage or peritonitis resulting from imperfect closure of the uterine wound. The lochia were almost always discharged through the abdominal aperture.

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cases without a death. German obstetricians then began experimenting with the new procedure.

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Investigations carried on in the obstetrical department of the Johns Hopkins Hospital Baltimore with regard to the possible presence of a defensive mechanism in the base of the broad ligament capable of preventing puerperal infection. Thirty five specimens revealed the interesting fact that at the end of pregnancy there is a conspicuous appearance of macrophages along the course of the uterine vessels and in the connective tissue spaces in the outer layers of the cervix at the level of the internal os.

The principal feature to be noted at the end of

the parametrium produces to some extent a local immunity against infection during labor.

KOSMAK stated that the use of small amounts of blood for transfusion at frequent intervals is preferable to the use of larger quantities. When repeated transfusions are indicated it has seemed advisable to him to employ a new donor each time especially if a reaction occurred after the first transfusion.

F. L. CORNELL, M.D.

### NEWBORN

Hart, A. P. Familial Icterus Gravis of the Newborn and Its Treatment. *Canadian M. Ass. J.* 1925 xv 1008.

The author believes that familial icterus gravis of the newborn infant is due to the action upon the liver of a toxin of unknown origin. In the case reported in this article the return of the jaundice fol-

macrophages. These findings seem to explain how

ROLAND S. CROW, M.D.

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

In a review of the literature on renal tuberculosis

renal crisis

The majority of investigators agree that the intermittent attacks of pain are due to the passage of blood clots and tuberculous caseous material

the kidney substance

region (3) those with miliary pyelitis

In every case all methods of investigation should be used including cystoscopic examination functional tests and pyelography

JAMES V. RICCI M.D.

Barney J. D. and Jones S. G. The Frequency of Bilateral Renal Tuberculosis Boston M & S J 1925 cxviii 540

Patch F. S. Typhoid Infections of the Kidney J Urol 1925 xiv 199

In the author's opinion typhoid infection of the kidney is more common than is generally believed. Such infections are of hematogenous origin and usually bilateral. In many cases they cause only a mild and transient pyuria. The renal conditions

such abscesses

recovery. The author states that persons with acute or chronic typhoid infection of the urinary tract are typhoid carriers who are even more dangerous to the community than ordinary typhoid carriers or those who harbor the bacilli in the gall bladder. The treatment is that of other renal infections. MAURICE METZ M.D.

Quincy W. G. End Results in Renal Infections J Urol 1925 xiv 223

The author discusses the end results of renal infection with special emphasis upon pre-operative and postoperative care. His study was based upon 100 cases which were treated surgically at the Peter Bent Brigham Hospital Boston. These cases he classifies as follows:

ureteral reflux and filtration of the

1 Infections ending in death In a case with a complex series of symptoms autopsy revealed an unrecognized pyelonephritis

2 Infections which were cured only by nephrectomy Quinby stresses the importance of chronic

of the body in the region of the umbilicus It does not cross any nerve trunks of importance and will not cause paralysis of the rectus or any considerable portion of the oblique muscles The vertical incision is made in the midline of the body and carried up

A vertical incision with the attached intestine and mesentery keeps the rest of the intestinal tract out of the way and affords an entirely satisfactory view of the field

While the incision described is put forward as advantageous chiefly in the approach to malignant tumors Cabot believes it may give the most satisfactory approach also to abnormalities of the renal pelvis and ureters

LOUIS GROSS M D

Chute A L The Need of Conservatism in Renal Surgery *J Urol* 1925 xiv 231

Chute believes that a campaign for conservation in renal surgery is necessary The tendency toward radical renal surgery is due in large part to the

François J Roentgenography in the Early Diagnosis of Tumors of the Kidney (Le rôle de la radiographie dans le diagnostic précoce des tumeurs rénales) *Arch Urol de la Clin de Becker* 1925 v 63

not yet palpable and malformations of the pelvis which were of great assistance in the diagnosis In two of the cases the further course of the disease revealed the presence of the tumor One patient was not seen again

François gives the histories of the four other cases with roentgenograms In all of these the

GILBERT J THOMAS M D

Lepoutre G Permanent Dilatation of the Ureteral Orifices and Vesicorenal Reflux The Forced Ureter (De la dilatation permanente des orifices urétéraux et du reflux vésicorénal urètre forcé) *Arch de mal de reins et d'organes génito-urinaires* 1925 ii 146

The author reports a study of permanent dilatation of the ureteral orifices and vesicorenal reflux

Cabot H The Operative Approach for Malignant Tumors of the Kidney *J Urol* 1925 xiv 261

pathognomonic of bladder reflux as they may be

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY, AND URETER

Discussion of the tuberculous renal colic and Baum and Cruet in recognition of Tuffier's work called it Tuffier's renal crisis'

JORDAN G. CHRISTIAN M.D.

Patch F. S. Typhoid Infections of the Kidney  
*J. Urol.* 1925 XIV 199

to renal pressure caused by circulatory stasis within the kidney substance

region (3) those with which a pyelitis is associated

such abscesses

The author reports

JAMES V. KECCE M.D.

Barney J. D. and Jones S. G. The Frequency of Bilateral Renal Tuberculosis *Boston M. & S. J.* 1925 cxliii 540

in the tuberculosis cystoscopic

five of the cases reviewed—in all of which a dition was unilateral—operation was followed by recovery. The author states that persons with acute or chronic typhoid infection of the urinary tract are typhoid carriers who are even more dangerous to the community than ordinary typhoid carriers or those who harbor the bacilli in the gall bladder. The treatment is that of other renal infections. MAURICE FELTZ M.D.

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Experience with fulguration seems to show that it

is a reliable but

mucosa

In the discussion of this report HUNTER stated that since his 1918 report which was based on twenty five cases he has seen 10 others. Of the

made in sixty and in forty of these the painful symptoms have been relieved by treatment of the stricture

which have

LOUIS CROSS 117

Ferrier P. A. Some Problems in the Management of Tumors of the Urinary Bladder. *California & West Med.* 1925 LXVI 1303

The etiology of bladder tumors is unknown. Such growths are most common in aniline workers. In dystrophic bladders the liability to cancer is increased. Chronic irritation from stone or infection does not seem to play a part.

hemorrhage

Hematuria is the warning in nearly all cases. Painless terminal hematuria is particularly suggestive. Frequency and pain are generally late symptoms.

Benign papillomata and those in which malignant degeneration has not invaded the pedicle or the bladder wall should be fulgurated through the cystoscope.

For the treatment of the

the further treatment consists in

(1) partial cauterization with care to avoid the implant

MacKenzie D. W. Bladder Neoplasms. *J. Urol.* 1925 XLV 275

With regard to the pathology and treatment of

1

1. Importance

MacGowan, Kohsicher and Corbus have reported successful results from the open method with the use of the d'Arsonval current 1500 ma. a spark gap of 0.5 cm. and a large burning electrode. If one means is involved ureteral transplantation is necessary and if the kidney is affected nephrectomy is indicated. In addition radium needles may be im-

scirrhous or alveolar growths

In the author's cases of bladder neoplasms the history ranged from two weeks to thirty years. It is

produced also by renal tuberculosis, pyonephrosis

are no visible changes in the ureteral meatus

For the roentgen study of this condition the author advocates the use of 10 per cent collargol solution in preference to sodium bromide as the latter causes severe pain. Injection to the full ca-

tomy for renal tuberculosis

inflammatory elements such as newly formed capillaries with lymphocytes eosinophiles and connective fibrous tissue

In all cases a careful functional test of both kidneys should be made before operation

The article is concluded with a report of eight cases

JAMES V. RICE, M.D.

Schulz R. L. Stricture of the Ureter and Dysmenorrhea. *Cal formia & West Med* 1915 xii: 1173

Stricture of the ureter is among the most common urological complaints. It may be the result of any condition which produces a chronic lymphadenitis of the pelvic lymph nodes. Common causes are chronic tonsillitis, infections of the teeth, chronic cervicitis

1 1 5

The most common symptom is intermittent pain of varying degrees of severity. Urinary symptoms such as bladder pain, frequency, burning and dysuria are also frequent.

An examination for ureteral stricture should always be made before an operation is undertaken for suspension of the kidney and in all cases of dysmenorrhea which is not relieved by ordinary methods

The presence of a ureteral stricture should be considered in cases of vague abdominal pain, cases of severe menstrual pain, and cases in which pain following ordinary ureteral catheterization becomes unduly severe.

LOUIS GROSS, M.D.

#### BLADDER URETHRA AND PENIS

Keene F. E. Elusive Ulcer of the Bladder. *Am J Obst & Gynec* 1915 x: 380

The elusive ulcer of Huxner is a definite entity

superficial ulcers

are definitely  
of  
this

it  
he  
a  
be  
in

case of embolism while in the regional anaesthesia group there was only one case of uraemia and in eighty seven cases there were no complications

After the operation performed under general anaesthesia the average stay in the hospital was thirty three days while after operation performed under regional anaesthesia it was twenty two and seven tenths days In the general anaesthesia group the mortality was 14 per cent Of the patients operated upon under regional anaesthesia three died one from haemorrhage one from infection and one from embolism

BENJAMIN F ROLLER M D

Syms P Prostatectomy Emphasizing the Present Day Factors of Safety *New York State J Med* 1925 xiv 889

Since prostatic obstruction is always associated with more or less advanced arteriosclerosis and impairment of kidney function there is no condition which requires better surgical judgment Proper

The technique used conforms in general to the

lower part of the rectum and sometimes the prostate The cord and testicles are unaffected In the female

mgm per 100 c cm General anaesthesia is contra

prineum and the perineal operation but he does not advocate a two stage operation for all cases The bowels should be kept open and large quantities of water should be administered

BENJAMIN F ROLLER M D

Dillon J R Tuberculosis of the Seminal Tract *California & West Med* 1925 xiii 1139

In genital tuberculosis which is a progressive affection the only hope for complete arrest of the disease is offered by excision of the tuberculous seminal tract If the patient with unilateral epididymitis is seen early enough there may be hope of re

pain is not intolerable An advantage of the method is that it prevents postoperative distress

In six operations on the bladder there were three failures one due to collapse of the patient and the other to faulty injection of the novocain

Five difficult cystoscopies were performed under

## MISCELLANEOUS

Bilger F Epidural Anaesthesia in Surgery of the Urinary Tract (*De l'anesthésie épidurale en chirurgie urinaire*) *J du méd et chir* 1925 xix 111

Bilger reviews the development of epidural anaesthesia and analyzes his recent experiences with the method on the service of Marion



planted into the cauterized base and subsequently X ray treatment may be given the regional lymph nodes

Radium alone may be used by endovesical or

and more damaging to the normal mucosa

In the use of radium the following facts must be borne in mind

never respond

3 Recurrences after radium treatment do not

favorably affected than scirrhous carcinoma squamous carcinoma or adenocarcinoma of the bladder

5 Radium rays like light decrease as the square of the distance increases Therefore a lethal dose at

been screened is effective at a greater distance

contra indicated The only hope of permanent cure is offered by enucleation in the very early stages

prostatectomy in about 75 per cent of the cases

was 4.4 per cent

H A KOWLER, M.D.

## GENITAL ORGANS

Stirling W C Early Surgical Intervention in Prostatic Hypertrophy *Brit J Urol* 1925 114, 362

The incidence of urinary disorders in men after the

Lowale O S and Rogers H E Inhalation vs. Regional Anæsthesia for Prostatectomy *J Ark State J M* 1925 22, 893

Most important for successful prostatectomy is

Th authors com-  
ration  
hes  
d was  
tated  
thetia  
All of

under regional anæsthesia only three went into shock but one of these died

In the general anæsthesia group there were two cases of uræmia four cases of pneumonia and one

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Michaux J Lamache A and Picard J Con-  
traction of the Palmar Aponeurosis in Lead  
Poisoning (La rétraction de l'aponévrose palmaire  
dans le saturnisme) *Bull et mém Soc méd d hôp  
de Par* 1925 xli 782

The authors believe that Dupuytren's contracture  
is as much a stigma of lead poisoning as the classical  
signs. In questioning their thirty three patients

intoxication The degree of lead poisoning and of  
the Dupuytren's contracture seemed to run parallel  
of the  
reaction  
it time

time in metal—one in a munitions factory and the  
other in a factory making carbon lights—and one

the basis of these claims but one of them was a  
printer and the other a house painter and both of  
them had had lead colic

Four typical cases in the authors series are re-  
ported in detail

In the discussion of this report DUFOLLE attributed  
a great deal of importance to manual labor in the  
causation of the contracture

AUDREY G MORGAN MD

Steindler A Low Back Pain—An Anatomical and  
Clinical Study *J Iowa State M Soc* 1925 xv  
473

The author discusses only idiopathic backache  
and the mechanical and dynamic factors producing  
it. He assumes that the lumbosacral juncture the  
sacro iliac junctures and the ligamentous structures

formation

Sacro iliac strains involve the sacro iliac and  
capsular ligaments while sacrolumbar strains in-  
volve the ligaments entering the lumbosacral artic-  
ulation. The proximity of the lumbar and sym-  
pathetic plexus exposes both to irritation due to the  
position and motion of the spine or pathological  
changes

The author studied 213 cases of low back sprain  
and compared the findings with those of studies on  
the cadaver. The following conclusions are drawn

1 Flexion increases the strain and stress in the  
posterior sacro iliac ligaments the erector spine  
muscles and their aponeuroses

2 Extension increases strain at the sacrolumbar  
junction causing tension on the anterior longi-  
tudinal ligaments and the lateral ligaments between  
the ilia and the transverse processes of the fifth  
lumbar vertebra

3 In lateral bending the roots of the lumbo-  
sacral plexus are relaxed on the concave side and  
tensed on the convex side

4 Increased lordosis produces tension of the

bosacral and eight combined (2) occupational—  
seventeen sacro iliac nine lumbosacral and three  
combined (3) postural—eighteen sacro iliac and

pelvis was noted in 15 per cent impingement of the  
transverse process of the fifth lumbar vertebra with  
the sacrum in 12 per cent and sacralization in 5 per  
cent

Lateral tilting of the spine was characteristic of

precautions are taken. In the author's case of collapse the condition seemed to be due to a special idiosyncrasy of the patient.

**Noguès and Durupt: The Diagnosis of Latent Gonococcus Infection (Étude sur le diagnostic du gonococcisme latent). J d urol méd et chir 1935 xix 379**

As it is well known that latent gonococci cannot be discovered by microscopic examination alone various methods have been tried to determine when a patient with chronic urethritis is free from them. The authors describe their technique for examining the semen for gonococci. They find it preferable to

others may be strictly saprophytic and the

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the Dupuytren's contracture seemed to run parallel  
In no case was glycosuria present In four of the  
patients who had marked neuritis the contraction  
was more marked on the side of the paralysis

It was difficult to determine at just what time

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sacral plexus are relaxed on the concave side and  
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4 Increased lordosis produces tension of the  
sympathetic plexus and ganglia

Of the many anatomical variations of the lumbo

combined (3) postural—eighteen sacro iliac and

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cent

Lateral tilting of the spine was characteristic of  
the sacro iliac strains and increased lordosis char

Sacro iliac and sacrolumbar sprains are distinct injuries to the ligamentous apparatus in these regions

Neither position nor radiation are pathognomonic of either sacro iliac or sacrolumbar strain but both are of definite diagnostic importance

Backs showing anatomical variations are in

Sacro iliac strain deformity of the sacrum and sacro iliac joint, sacro iliac arthritis six lumbar vertebrae

Rugh J T Rich E A Doub H P and Schumann E A A Symposium on the Diagnosis and Treatment of Backache *Therap Gaz* 1925 xlix 609

PUGH believes that anatomical abnormalities or

involve especially the fifth lumbar vertebra

areas

Bellando Randome T and Reviglio J M Osteochondritis of the Hip and Iliac Crest (*osteo-chondrite de la hanche et crête iliaque*) *Ann d'orth* 1925 xxxii 337

in 11 of 11 cases who had

defects

roentgenograms were taken at different stages of the condition

but the roentgenograms did not show the epiphyseal

because the coxa vara was bilateral and the pain occurred only on the right side moreover the clinical symptoms disappeared when the roentgenograms still showed a progressive increase in the lesions in the head and neck of the femur and crepitation was never noted Nor could it have been a chronic arthritis caused by the attack of scarlet fever for such an arthritis is polyarticular

In the many cases which have been reported in the literature there were no clinical symptoms in the first stage shown by the roentgenogram (characterized by decalcification) because the epiphysis remained

still appeared almost normal and the symptoms

while in the authors case they were found in the

Fisher A G T Principles of Treatment by Manipulation in Some Chronic Disorders of the Knee Joint Following Injury *Lancet* 1925 clix 529

Many abnormal conditions in the knee joint respond to manipulation better than to absolute rest

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS ETC

Petta G Muscle Plastics and Transplantations (Plastiche e trapianti muscolari) *Poliedin* Rome 1925 xxxii sez chir 303

Pedunculated muscle transplants are used to replace lost muscle substance and to maintain the function of a paralyzed or insufficient muscle Free muscle transplants are employed to replace lost bone substance to stop parenchymatous hæmorrhage from an internal organ to hasten the cicatrization of a wound to repair a serious loss of tissue in the abdominal wall and to maintain the function of a paralyzed or insufficient muscle

Pedunculated transplants have given good results in the treatment of postoperative evisceration and large recurrent hernia and the replacement of tissue

leucocytes

If the blood supply and innervation were injured the degenerative substitution process was equally intense whether the transplant was free or pedunculated and whether it was subjected to functional stimulation or not The abolishment of function gives the same result even when the blood vessels

FREMONT A CHANDLER M D

was preserved but in no instance was regeneration of muscle tissue found

contact only at the ends. These grafts were not fastened in the cavity in any way except by suture of the skin over them and the application of a rather firm dressing.

After the operation the leg was kept in a plaster cast for about a month. Successive roentgenograms

**Campbell W. C.** The Reconstruction of Ankylosed Joints. *Med J & Rec* 1925 cxxii 255

The author believes that the following patho-

conditions—trauma and infectious arthritis. His

#### FRACTURES AND DISLOCATIONS

elbow the jaw the knee and the hip.

The technique of the various arthroplasties is described in detail. Campbell does not attempt to

surfaces toward each other but coming in perosteal surfaces facing each other but coming in

performed on a Hawley table in order that the patient's position can be changed without touching him.

The first step of the operation consists in cutting from the tibia a Delaguerre osteoperoosteal flap from

1 In longitudinal and comminuted fractures

4 In fractures near the ligamentum patellae the

curves down the antero-external surface of the thigh between the tensor fascia femoris and the sartorius and then along the rectus femoris for a distance of about 12 cm. When this incision has been completed the muscles are pushed aside until the upper point of insertion of the capsule is exposed and then with a Hennequin scissors an arched incision concave downward is made around the acetabulum. The rim of the acetabulum is next

wound is then closed and a plaster cast is applied for a month. At the end of two months the patient is allowed to walk.

Under the weight of the head of the femur the thin bone grafts thicken and develop and in a few months they form a mass of bone that can be palpated and demonstrated by roentgen examination.

The author's oldest cases were operated upon more than a year ago. In the subluxations in which there was severe pain with considerable limitation of movement and almost complete ankylosis the pain has ceased and movement is freer because of the disappearance of the muscle contracture. In the luxations and relaxations which were reduced the reduction has been maintained; the stability of the joint is excellent. Trendelenburg's sign disappears; the patient is able to stand on the limb without

In the conservative treatment of fracture of the patella the knee must first be rid of the effusion. Effusion may be overcome by firm bandaging and pressure. A caliper splint should then be applied for two months and later a knee cage to prevent flexion.

In the operative treatment the author uses a fine loop of aluminum bronze wire which encircles the patella and passes through the quadriceps tendon and the ligamentum patellae. Voluntary motion is allowed from the beginning. After two or three weeks the patient is allowed to walk with a cane and in two or three months has full movement of the joint.

In fractures of the tibial spine the knee is fixed with plaster for at least two months. Function is then resumed gradually. If the callus produces a bony block it must be removed through a mid-patella incision.

In Osgood-Schlatter disease the knee should be fixed in extension for several months.

Fractures of the upper third of the tibia and fibula are treated by manipulation and fixation in a Thomas splint.

In fractures of the lower third of the tibia and fibula the author manipulates the fragments with the knee flexed and then immobilizes the limb in plaster. In some cases sectional casts are used. Traction by means of a pin above the os calcis and internal fixation by Farham bands may be found necessary.

Foot fractures are reduced by correction of the outward and posterior displacements. The foot is inverted and the knee flexed to relax the Achilles tendon. For a eleva brace cast osteotomy.

In fractures of the astragalus reduction is effected by manipulation with or without tenotomy of the Achilles tendon and a cast is applied. Weight bearing is avoided for two months. In fractures of the os calcis the action of the calf muscles must be counteracted by placing the foot in the position of inversion.

In conclusion the author expresses the belief that

iliac fossa. The author believes that this improvement would probably be greater if the insertions of the gluteus medius and minimus had been transplanted further down on the femur so as to place them under tension as has since been done in one case.

ALFRED G. MORGAN, M.D.

Wheeler, Sir W. I. DeC. Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity. Lecture IV. Fractures About the Knee Joint. *Lancet* 1925, CIV, 534.

In the treatment of fractures of the patella the following points must be borne in mind:



contact only at the ends. These grafts are not fastened in the cavity in any way except by suture of the skin over them and the application of a rather firm dressing.

Campbell W C. The Reconstruction of Ankylosed Joints. *Med J & Rec* 1925 cxxx 255

The author believes that the following patho-

conditions—trauma and infectious arthritis. His conclusions are based upon 120 arthroplasties. The necessity of interposing tissue between the joint

## FRACTURES AND DISLOCATIONS

Lam

The chief cause of the pain, fatigue and lumpiness in irreducible luxations of the hip is absence or deficiency of a bone support for the head of the femur.

therapy and the gradual resumption of weight bearing.

CHESTER C SCHWEIDER M D

Mot

Moscoud reports two cases of cavities left in the upper end of the tibia by osteomyelitis. One patient was a young man 18 years old and the other a man

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

Pulford D S. Neoplasms of the Blood Lymph Vascular System with Special Reference to Endotheliomata. *Ann Surg* 1925 lxxvii 710

A histological study of the neoplasms of the blood lymph vascular system of 200 patients treated at the Mayo Clinic in the sixteen years from 1906, to 1922 inclusive shows that 183 were angiomata nine were angio endotheliomata and eight were endotheliomata. Two hundred of the best

the blood produced by irradiation the author reports his own experiences in cases of cancer of the uterus most of which were treated with radium (about

10000 X-ray treatment (weekly 1 skin unit dose in seven fields in the course of from seven to fourteen days)

The cases of cancer of the uterus are divided into four groups (1) those with a good clinical prognosis and a satisfactory result (2) those with a good

embryology morphology situation of the tumor and reserve cell diagnosis

fibrous connective tissue as mesenchyme is their common ancestor. This relationship does not preclude the existence of a specific tumor of endothel

the treatment. This increase was due to an increase in the number of the neutrophile polynuclear cells.

The leucocytosis lasted for one or two days and was then followed by a more or less marked leuco

blood had recovered. In the cases with an unsatisfactory result the changes observed in the blood during relapse and cachexia were similar to those pre

was usually very intense and due to a decrease in the number of the neutrophile cells and lymphocytes. In the cases with a satisfactory result the blood recovered after from three to five months and in those with an unsatisfactory result it did not recover

Just as a malignant tumor of the skin is recognized

blood vessels

## BLOOD TRANSFUSION

Westman A. Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast (Morphologische Blutveränderungen nach radiogischer Behandlung von Uterus und Mammakarzinom). *Acta rad ol* 1925 i 220

After describing previous experiments on animals and clinical observations regarding the changes in

treatments is to be considered a very grave sign (2)

a sharp pain and slight local swelling. It makes

walking

In hallux valgus the great toe is lifted up to a certain extent by the extensors and in this slight displacement the short flexors in the tendons of which the sesamoids are located are stretched so that the sesamoids are held securely at the edge of the metatarsophalangeal joint. If the long flexor of

movement of the foot continues to be painful

form which improves the ability to walk. Pain may recur as the result of walking fatigue or another traumatism.

The only effective treatment is extirpation of the

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Thalhimer W. Poor Surgical Risks. Laboratory Assistance in the Preparation of Patients for Operation and in Their Postoperative Care. *J Am M Ass* 1925 lxxiv 806

Thalhimer urges pre operative treatment of

pensation Unless the patient has a severe aortic lesion other valve lesions are not attended by undue

but not in all The blood chemistry is of great

relieves nausea and vomiting and is far less painful

glucose in a 5 or 10 per cent solution may be given

to cause an acidosis the

best anesthetics are local anesthetics Next in decreasing order of value are ethylene and oxygen nitrous oxide and ether ANTHONY F SAVA M D

Bertocchi A. Grafts of Fixed Skin (Innesti di pelle fissata) *Arch Ital di chir* 1925 xi 443

Bertocchi performed sixty five experiments in grafting skin fixed in formalin or alcohol Eighteen of the grafts were autoplasic twenty three homo

obtained with 60 to 70 per cent alcohol which was used in 80 per cent of the experiments

The skin was removed from the abdomen or the inside of the thigh disinfected with alcohol washed with physiological salt solution to remove the blood and then placed in the alcohol for from twenty four to thirty three hours The length of this immersion made no difference in the results

the results

The grafts were examined macroscopically and microscopically after periods of from three to three hundred days The histological findings at the

A distance of  $\frac{1}{2}$  cm were noted At the end of two

structed It was impossible to say definitely whether the graft formed

from the new connective tissue The peripheral part of the graft bore hair resembling the normal hair of the animal Its central part became mummified and cast off The zone immediately ad

## LYMPH VESSELS AND GLANDS

Carter R F Cervical Adenitis—A Surgical Consideration *Arch Pediat* 1925 xlii 627

Whatever the type of infection or its extent in

ural barriers the lymph nodes. In the treatment restoration of the defensive reaction of the lymph nodes is indicated. Therefore the lymph nodes should not be removed unless they become a focus or a portal of entry from which other regional lymph systems may become infected.

Attention is directed to the importance of a knowledge of the surgical anatomy of the region and the avoidance of injury to major nerves and of incisions made without regard to the arrangement of the muscles and the natural creases of the skin.

Depressed scars are due as a rule to necrosis of the fat and fixation of the skin resulting from neg-

spread of an abscess to the superficial fat until it has become localized and makes drainage of the abscess a simple procedure.

The type of treatment depends entirely upon the classification of the condition. The reactions to infection or its products may be classified as follows:

1. Simple inflammation, acute and chronic. In acute simple inflammation resulting from infection of the skin or mucous membrane the treatment is directed toward the origin of the infection; the glands are not molested. In chronic inflammation the plan of treatment depends entirely upon the diagnosis. Removal of the focus is the primary step. Removal of the node is very seldom indicated. The X-ray is of value. Vaccino-therapy has a limited use.

2. Acute purulent inflammation. This condition

removed at the time of the original drainage.

When infected nodes are properly treated they do not present a very serious problem. The cosmetic result is an important consideration.

STANLEY C. LEO, M.D.

tion

The entire operative field is flooded with ultraviolet light continuously throughout the operation. The intensity of the light is regulated according to the estimated duration of the operation. Since there is as yet no exact method of measurement the radiation is controlled by the color reaction of the tissues which must be known for each tissue.

During the war Van Lier used the ultraviolet light technique without an accident in about 800 clinical cases including operations for appendicitis and hernia, amputations through healthy tissue, operations for infected fractures, intestinal resection and the extraction of foreign bodies from muscle, the

organs without a knowledge of the technique of ultraviolet irradiation and of the color changes produced in the tissues.

According to Van Lier the operative radiation is of value as a possible substitute for the usual measures employed to obtain asepsis as an additional

- - -

adjacent to the peripheral zone was whitish and covered with a rather thick epithelium. The zone extended was covered with epithelium. The skin follicles and the hairs in the peripheral zone were those of the graft or were reconstructed from the host's tissues.

In conclusion the author states that grafts of skin fixed in the manner described show that in cases in which the

AUDREY G. MORGAN, M.D.

### ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Regard G. L. The Protective Action of the Ultraviolet Rays Against Infection (Laction protectrice des rayons ultra violets contre l'infection). *Bull. et mém. Soc. nat. de st.*

Paris, 1925, 11, 803.

REGARD states that the ultraviolet rays are bactericidal and may be used for the sterilization of cultures in the preparation of vaccines. They kill the tetanus bacillus and cholera vibrio in a few seconds. In man they cause

According to Soudman the strength and the quantity of the rays are uncertain. An old lamp yields a smaller quantity of the rays than a new one.

different results

In the

In REGARD's experiments radiated wounds in the skin of frogs healed in from twenty five to thirty days while unrayed wounds healed in from eight to ten weeks. Radiated skin wounds in rabbits and guinea pigs that were handled with dirty fingers and

Regard concludes that in the

operative technique lamps of 5000 candle power or less are connected with a rheostat.

eliminated in order to permit accurate appreciation of the color changes in the tissues. The lamps give sufficient illumination for the operation.

material is as usual but not necessarily by sterile material.

amyloid disease and the cases of acutely ill and very young or old persons LLEWELLYN R LEWIS M D

Dixon W E The Action of Light *Brit M J* 1925  
" 499

Ultraviolet rays have a more rapid vibration and

olism

ner are relatively free from the muscular wasting commonly associated with tuberculosis of bones and joints

In artificial light treatment the part played by local treatment is of far greater importance The carbon arc may be employed with caution in the

violet rays

Heliotherapy is contra indicated in cases without pigmentation those with pyrexia cases of marked



# PHYSICOCHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

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The problems attending the roentgen treatment

findings that the early and persistent change after deep roentgen ray therapy is an alkalosis. This appears primarily in the irradiated tissues and is more marked there than in the plasma. It is not the result of increased tissue oxidation

## CHARLES H HEACOCK M D

Doub H P Bolliger A and Hartman F W Metabolic Disturbances Following Deep Roentgen Ray Therapy *J Am Med Ass* 1925 lxxv 1299

died in from four to six days

ADOLPH HARTMAN M D

## MISCELLANEOUS

Cecil R L and Hansson K G Physical Therapy in Chronic Arthritis Its Uses and Limitations *Med Clin N Am* 192 ix 277

changes produced by the roentgen ray and no work has been done to find how these metabolic changes are altered by the various agents which have been advocated

In a preliminary communication the authors suggested that at least the immediate systemic symp-

tomies in the more acute forms of arthritis physical therapy relieves the pain reduces the congestion and hastens the absorption of the inflammatory exudate. In the chronic forms it acts as an anodyne increases the blood supply to the part accelerates the local and general metabolism loosens up adhesions and stimulates the muscles supplying the part. In degenerative arthritis it is of great value in softening the tissues preventing atrophy and loss of function and preventing or relieving contracture

not result in a permanent cure it may give great temporary relief LLEWELLYN R LEWIS M D

Jones C E M The Clinical Aspect of Light *Brit Med J* 1925 ii 500

1 From the clinical aspect the two conditions in  
3 which light treatment has been found of greatest  
value are rickets and non pulmonary tuberculosis

melanoma. The presence of pigmented basal epithelium or of naevus cells in the episcleral tissue and their subsequent proliferation may be postulated. The basal cells over a segment of the scleral conjunctiva undergo a series of transformations—pigmentation, detachment, polymorphism—which result in the formation of intra epithelial cell groups and the further stages are those of penetration of the polymorphic cells between the dissociated layers of the sclera and cornea.

pigmented naevus the operation must include when possible a wide margin of uninvolved skin and a dissection of the deeper subcutaneous fat and deep fascia. If operation is performed too late there may be a rapid local recurrence. Subcutaneous lymphatic nodules may appear in the area of the lymphatic paths draining the site of the primary growth and there may be marked enlargement of the regional glands.

Generalization from the glands may be relatively slow. It takes place by the invasion of a vein by direct involvement of the thin walled capillaries and by way of the thoracic duct. The average time of

granules or pigmented tumor cells through the glomeruli. With few exceptions it indicates the presence of a melanoma.

The extreme gravity of naevi situated at the heel at the costal margins and on the ear must be em

acts on melanogen the colorless mother substance of melanin. Melanin is closely allied to adrenalin and both are probably pyrocatechol derivatives. There may be two causes for increased pigmentation of the skin: (1) an increase of the intracellular fer

SAMUEL KAHN M D

Schereschewsky J W. Cancer Mortality in the Ten Original Registration States. The Trend for the Period 1900-1920. *J Am M Ass* 1925 lxxxv 1175

After a study of the mortality rates of the ten original registration states (Connecticut, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Rhode Island, and Vermont) for the period from 1900 to 1920 the author draws the following conclusions:

1. There has been a pronounced increase in the observed death rate from cancer in persons 40 years of age or over in these districts.

2. Part of this increase (30 per cent) is due to greater accuracy in the filling out of death returns.

3. The increase is a direct result of the increase in the number of deaths from cancer.

4. If melanoma was present could a history of a birth mark be elicited though many of the patients stated that a mark had been present for many years.

Malignant change may be spontaneous but usually follows a trauma or repeated irritation. The pigmented naevus becomes slightly enlarged and ul

JOHN J. MALONEY M D

## MISCELLANEOUS

### CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Dawson J W. The Melanomas Their Morphology and Histogenesis. *Edinburgh M J* 1925 xxxii 307

The term melanoma should be used to designate the specific character of the cell which gives origin to the tumor. Melanin pigment formation is a specific function of a cell. The term melan-

nevi undergo regressive changes which lead to fibrosis

The melanoma is a tumor of the skin which is characterized by the presence of melanin pigment in the cells of the epidermis. It is a malignant tumor which may metastasize to other parts of the body.

essential epithelial morphological characters migrate into the corium where they retain their functional capacity to produce melanin.

The malignant melanomata have an origin usually

### nevus

The phases of the epithelial cell transformation which lead to the different types of pigmented malignant tumor—melanocarcinoma, sarcoma, endothelioma, perithelioma and fibrosarcoma—can be followed. In all of the cases studied the cell of the end result was shown to be derived from the progressive changes in an epithelial cell. These fur-

### tive activity

The entire absence of cell changes in the corium except those of an inflammatory kind until the

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193

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## PHYSICOCHEMICAL METHODS IN SURGERY

### Röntgenology

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# International Abstract of Surgery

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## CONTENTS

I	Index of Abstracts of Current Literature	iii
II	Authors	ix
III	Editor's Comment	x
IV	Collective Review	173 179
V	Abstracts of Current Literature	180 236
VI	Bibliography of Current Literature	237 258





# CONTENTS—MARCH, 1926

## COLLECTIVE REVIEW

THE SURGERY OF THE SYMPATHETIC NERVOUS SYSTEM I MUSCLE TONUS *Loyal Davis M.D. M.S. Ph.D. Chicago* 173

## ABSTRACTS OF CURRENT LITERATURE

### SURGERY OF THE HEAD AND NECK

**Head**  
JOHNSON F M Certain Difficult Problems in the Treatment of Carcinoma of the Lower Jaw 180

**Eye**  
POOLEY G H Operative Treatment of the Lachrymal Sac 180  
KNIGHT M S Neoplasms of the Choroid 180  
MAGIOTOT A and BAILLIART P The Circulatory Régime of Glaucoma 181  
CALHOUN F P The Non-Operative and Operative Treatment of Glaucoma 182

**Nose and Sinuses**  
DUNNING H S Maxillary Sinusitis of Oral Origin 183

**Mouth**  
REGAUD C On Curettage of Epitheliomata of the Tongue and of Their Following Adenopathy 183

**Pharynx**  
DENTENASS H and GREENBAUM S S Pemphigus as a Beginning Tonsillar Manifestation 183

**Neck**  
TERRY W I Goutter 183  
KIDBALL O P Induced Hyperthyroidism 183  
BARTLETT W Six Patients in Whom a Thyroidec-  
tomy and a Second Major Operation Are Indi-  
cated 183

LAVIN S A Comparative Study of 100 Subtotal  
Thyroidectomies from a Single Goutter Zone 184  
DIERCKMANS H Callus Formation after Parathy-  
roidectomy 184

COLLIP J B A Parathyroid Hormone and Its  
Physiological Action 184

LISSEN H and SHEPARDSON H C A Case of  
Tetania Parathyreopriva Treated with Collip's  
Parathyroid Extract 185

DEAN L W The Teaching of Undergraduate  
Laryngology 185

### SURGERY OF THE NERVOUS SYSTEM

**Brain and Its Coverings Cranial Nerves**  
MORRISSEY E J The Effect of Magnesium Sul-  
phate on the Cerebrospinal Fluid Pressure and on  
the Brain Volume 186

**Spinal Cord and Its Coverings**  
STOKEY B MERWARTH H R and FRANTZ A M  
A Manometric Study of the Cerebrospinal Fluid  
in Suspected Spinal Cord Tumors 187

### SURGERY OF THE CHEST

**Trachea Lungs and Pleura**  
MARQUIS J W An Experimental Study of the  
Markings Seen in Roentgenograms of the Lungs  
of Normal Dogs 188  
BALLOU D H The Injection of Lipiodol as an Aid  
in the X Ray Diagnosis of Bronchopulmonary  
Lesions Including Tuberculosis Preliminary  
Report 188  
ARCHIBALD E X Ray Demonstration of Pulmonary  
Changes in Tuberculosis by Lipiodol Injection 188  
JACKSON C Discussion on Overlooked Cases of  
Foreign Body in the Air and Food Passages  
Symptomatology and Diagnosis 189  
MYERSON M C The Bronchoscopic Treatment of  
Lung Abscess 189

**Heart and Pericardium**  
GRAHAM E A Cardiolytic for Chronic Mediastino-  
pericarditis 189  
**Esophagus and Mediastinum**  
OSMOND J D Obstruction of the Esophagus 189  
GROOVER T A CHRISTIE A C MERRITT E A  
and COE F O Roentgen Ray Diagnosis and  
Treatment of Thymoma Report of Two Cases 190

### SURGERY OF THE ABDOMEN

**Abdominal Wall and Peritoneum**  
RICARD A and LE COMTE H Acute Peritoneal  
Forms of Tuberculosis of the Adnexa 191  
**Gastro-Intestinal Tract**  
KAYSER H T Peptic Ulcer of the Stomach 191  
BARKER L F Peptic Ulcer from the Internist's  
Standpoint 191

- CASE J T Gastric and Duodenal Roentgen Ray  
Findings at the ...
- ELIOT LEWALD L T McCr ...
- VERE  
HUR... diagnosis of Cancer of the Stom
- LOYD N L Cancer of the Stomach An Analysis  
of Fifty Cases at Guy's Hospital
- LOWER W E and HIGGINS C C Retroperitoneal  
Hernia
- BROWN F R Right Duodenal Hernia With a
- KAN  
... LOW LIGAMENT
- ROCHET and THÉVENOT Appendicitis and Diseases  
of the Right Kidney
- Liver Gall Bladder Pancreas and Spleen
- CARLSON A J The Physiology of the Liver Present  
Status of Our Knowledge
- OPTE E L The Pathological Physiology of the  
Liver in Relation to Intoxication and Infection
- McC... C...
- L  
... LIGAMENT
- GREENE C H McVICAR C S WALTERS W and  
ROUNTREE L G Diseases of the Liver IV  
Functional Tests in Cases of Carcinoma of the  
Liver and Biliary Tract
- MANN F C Modified Physiological Processes Fol-  
lowing Total Removal of the Liver
- ANDREWS C F Gall Bladder Disease
- MILLER C J Some Practical Observations on Gall  
Bladder Disease
- COFFEY R C Surgery of the Gall Tracts
- C... ..
- LOMBARD DUMOLARD GONNARD A Study of Spleno-  
megaly with Hematemesis
- MOLE R H Observations on the Blood Cell of the  
Rabbit After Splenectomy
- CAMPBELL J M H and WARNER E C The Re-  
sults of Splenectomy for Acholic Jaundice  
Especially the Changes in the Fragility of the  
Red Blood Corpuscles
- SCHECKELÉ G The Biological Action of the Corpus  
Luteum and Interstitial Gland of the Ovary
- ROEDL A PETERS H and HOFMEISTER R
- TUTTIER T and BOLLÉ D Ovarian Grafts Experi-  
mental and Clinical Results with regard to  
Menstruation Fecundation and Pregnancy
- Miscellaneous
- SHUP... ..
- OBSTETRICS
- Pregnancy and Its Complications
- SCHICKELÉ G The Role of the Placenta in the Ma-  
ternal Organism
- PAGE and FERRY ... ..
- Labor and Its Complications
- KENEDY C A Case of Unusually Slow Fetal Heart  
beat During the First Stage of Labor
- LANGEMEISTER W and BAER C Termination of  
Pregnancy in Cases of Contracted Pelvis Accord-  
ing to Our Method
- ROSSIER G The Indications for Pubiotomy the  
Procedure of Choice
- RITTERSHAL G Forceps Deliveries and Infant  
Mortality
- WAGNER G A The Prevention and Treatment of  
Late Retention of Placental Resids After Labor  
at Term
- Newborn
- BR... ..
- ELLENBERG G Fetal Syphilis
- GENITO URINARY SURGERY
- Adrenal Kidney and Ureter
- ROCHET and THÉVENOT Appendicitis and Diseases  
of the Right Kidney
- FEY B TRUCHOT P and DOSSAT R Normal and  
Pathological Motility of the Renal Pelvis  
Exploration by Pyelostomy
- HINMAN F and HIEPLER A B Experimental Hy-  
drourethron The Effect of Changes in Blood  
Pressure and Blood Flow on Its Rate of Devel-  
opment I Splanchnotomy Increased Intrarenal  
Blood Pressure and Flow Duresis
- ADRENAL AND PERITONEAL CONDITIONS
- RICARD A and LECOMTE H Acute Peritoneal  
Forms of Tuberculosis of the Adnexa

- LANDFVAR R** Continuous Catheterization of the Ureter for Calculous Hydropyonephrosis in a Case of Solitary Kidney 211
- PERSSON M** Renal Tuberculosis 211
- MITRY** Calculous Anuria and Reflex Ileus Cured by Distention of the Renal Pelvis 211
- NICOLICH G** Reflex Anuria After Nephrectomy for Pyonephrosis Decapsulation of the Other Kidney Recovery 212
- O'CONNOR V J** Perirenal Sclerosis (Chronic Cystitis Perinephritis) 212
- BLUM V** The Physiology and Pathology of the Ureter 213
- ANDLER R** Atony of the Ureter with Dilatation and Hydronephrosis Its Clinical Occurrence and Its Experimental Production in Animal 213
- DOR** Catheterization of the Ureter with Two or More Sounds 214
- CHEVASSU** An Unusual Case of Perfect Functional Result After End-to-End Suture of the Ureter 215
- JOANNIDES M** and **HOLMES C K** Uretero-Ureteral Anastomosis an Experimental Study 215
- PASTEAU** Ureterostomy 215
- Bladder Urethra and Penis**
- EISENDRATH D N**, **KATZ H** and **GLASSER J M** Bladder Reflux 216
- GAYET G** and **CIBERT J** Cases of Diverticulum of the Bladder 216
- MARION and BLANC** The Interureteral Bar and Lateral Cystography 216
- STRAS MANN P** Replacement of a Contracted Bladder by Transposition of the Sigmoid Flexure 216
- DE GIROCOLI F** Hemorrhagic Purpura of the Bladder 217
- WATSON E M** The Management of Bladder Tumors Particularly the Inoperable Type 217
- Genital Organs**
- MARION G** The Treatment of Genital Tuberculosis in the Male 217
- BLANC H** Pyuria Associated with Prosthetic Conditions 218
- SALVANI P** Immediate and Late Results of Suprapubic Prostatectomy in 180 Patients Operated upon in the Period from 192 to June 30 1924 218
- HARDOUN A** Complete Obliteration of the Prostate Utricle Following Suprapubic Prostatectomy 218
- WALKER A M**, **KIDD F**, **LEAHY M**, **JOLY J S** and Others Discussion on Sterility and Impotence in the Male 219
- HINMAN F**, **GIBB T F** and **KUTEMAN A A** Malignant Tumors of the Testicle 219
- Miscellaneous**
- DUDDLETON J S**, **LEPPER E**, **THOMSON**, **WALKER J**, **HEATH G** and Others Discussion on Bacterial Infection of the Urinary Tract 220
- MAYBERRY B C** and **DYKE S C** Some Unusual Manifestations of Spread by Implantation of Papillomata of the Urinary Tract 221
- SURGERY OF THE BONES JOINTS MUSCLES TENDONS**
- Conditions of the Bones Joints Muscles Tendons Etc** 221
- DILTEICH H** Callus Formation After Parathyroidectomy 221
- ORR H W** Mechanical vs Chemical Methods in the Treatment of Wounds of Bone 222
- COVE S M** Activities of Bone Cells 222
- ANDREI O** The Production of Bone and Cartilage After the Grafting of Fixed and Living Tissue 222
- KNAGGS R L** On Osteitis Deformans (Paget's Disease) and Its Relation to Osteitis Fibrosa and Osteomalacia 223
- HANSEN S** Roentgen Diagnosis in Osteitis Fibrosa and Tumors of the Bone System 223
- KOLODY A** The Diagnosis and Prognosis of Bone Sarcoma 224
- BLOODGOOD J C** The Treatment of Bone Sarcoma by X-rays Radiation Amputation or Resection 224
- WILLEMS V** First Report of a Study of the Final Results of Immediate Active Mobilization in the Treatment of Articular Lesion 224
- FORBES A M** The Infectious Arthritides 225
- FOLLESTON SIR H** The Etiological and Bacteriological Aspects of Rheumatoid Arthritis 225
- ACKLAND W R** Aural Sepsis as a Cause of Arthritis 225
- WATERHOUSE R** Balneological Treatment of Arthritis 225
- OSGOOD R B** The Toxic Factor in Arthritis 225
- JONES SIR R** The Surgical Treatment of Arthritis 225
- MUROY J M J** The Infective Origin of Arthritis 225
- FISHER A G T** Pathological Types of Chronic Arthritis 225
- WILCOX SIR W** Etiological Factors and Treatment in Arthritis 225
- CANNAN A** Sulphur Metabolism in Arthritis 225
- BARROW J V** and **ARMSTRONG F L** Intestinal Protozoa and Chronic Diseases with Especial Reference to Chronic Arthritis 226
- BAVEART A S B** Remarks on the Physiology of Muscular Action 226
- VORSTADTER W** Epidemic Infantile Paralysis Its Control and the Cure or Amelioration of Its Sequelae 227
- CARNETT J B** The Calcareous Deposits of So-Called Calcifying Subacromial Bursitis 227
- TURNER H** and **CHERRILL N** Spondylolithesis 228
- SEVIER C F** Heliotherapy with Especial Reference to Spinal Tuberculosis 229
- ADAMS J D** and **LEONARD R D** A Developmental Anomaly of the Patella Frequently Diagnosed as Fracture 229
- MCCAFFERTY L K** and **MCCARTHY C L** X-Ray Treatment of Callosities and Verruca Plantaris 229
- Surgery of the Bones Joints Muscles Tendons Etc**
- ALBEE F H** Reconstruction and Plastic Operations on the Hip 229
- HIMBS R A** and **WILKINSON H L** The Treatment of Ankylosing Spondylitis 230

## Fractures and Dislocations

- YATES J L and STEVENS G W *Active Motion in the Treatment of Fractures* 230
- HEY GROVES E W *An Address on Ununited Fractures* 230
- THOMAS T T *Recurrent Dislocation of the Shoulder* 231
- WUELFING M *Fixation of the Head of the Humerus in Habitual Dislocation of the Shoulder* 231
- DICKSON F D *The Davis Method for the Reduction of Congenital Dislocation of the Hip* 231
- COLE W H *Compensatory Lengthening of the Femur in Children After Fracture* 232

## SURGERY OF BLOOD AND LYMPH SYSTEMS

## Blood Transfusion

- MOLE R H *Observations on the Blood Cells of the Rabbit After Splenectomy* 200
- CAMPBELL J M H and Warner E C *The Results of Splenectomy for Achromic Jaundice Especially the Changes in the Fragility of the Red Blood Corpuscles* 201

## PHYSICOCHEMICAL METHODS IN SURGERY

## Roentgenology

- MARQUIS J W *An Experimental Study of the Markings Seen in Roentgenograms of the Lungs of Normal Dogs* 188
- BALLOU D H *The Injection of Lipiodol as an Aid in the X Ray Diagnosis of Bronchopulmonary Lesions Including Tuberculosis Preliminary Report* 188
- ARCHIBALD E *X Ray Demonstration of Pulmonary Changes in Tuberculosis by Lipiodol Injection* 188
- GROOVER T A CHRISTIE A C MERRITT E A and COE F O *Roentgen Ray Diagnosis and Treatment of Thymoma Report of Two Cases* 190
- CASE J T *Gastric and Duodenal Roentgen Ray Findings After Operation* 191

- MARION and BLANC *The Interureteral Bar and Lateral Cystography* 216
- HANSEN S *Roentgen Diagnosis in Otitis Fibrosa and Tumors of the Bone System* 213
- BLOODGOOD, J C *The Treatment of Bone Sarcoma by Radium Radiation, Amputation or Resection* 214
- MCCAFFERTY L K and MCCARTHY C L *X Ray Treatment of Callosities and Verruca Plantaris* 219

## Radium

- REGAUD C *On Cunetherapy of Epitheliomata of the Tongue and of Their Following Adenopathy* 212
- WATSON E M *The Management of Bladder Tumors Particularly the Inoperable Type* 17

## Miscellaneous

- SEVIER C E *Heliotherapy with Especial Reference to Spinal Tuberculosis* 119

## MISCELLANEOUS

- Clinical Entities—General Physiological Conditions*
- TERRY W I *Coter* 113
- CARLSON A J *The Physiology of the Liver Present Status of Our Knowledge* 196
- BLUM V *The Physiology and Pathology of the Ureter* 213
- BAVEAST A S B *Remarks on the Physiology of Muscular Action* 205
- WOOD F C *Immunity in Cancer* 213
- General Bacterial, Protozoan and Parasitic Infections*
- BABCOCK J V and AL-STRONG E L *Intestinal Protozoa and Chronic Diseases with Especial Reference to Chronic Arthritis* 216
- VILLS H W *The Surgical Treatment of Echinococcus* 215
- DEW H R *Daughter Cyst Formation in Hydatid Disease Some Observations on Its Causation and Effects* 234

## Surgical Pathology and Diagnosis

- KAPFIS M *The Diagnostic and Therapeutic Use of Paravertebral Injections of Novocain* 216

## BIBLIOGRAPHY

## Surgery of the Head and Neck

Head  
Eye  
Ear  
Nose and Sinuses  
Mouth  
Pharynx  
Neck

237  
237  
238  
238  
238  
238  
239

## Surgery of the Nervous System

Brain and Its Coverings Cranial Nerves  
Spinal Cord and Its Coverings  
Sympathetic Nerves  
Miscellaneous

239  
240  
240  
240

## Surgery of the Chest

Chest Wall and Breast  
Trachea Lungs and Pleura  
Heart and Pericardium  
Esophagus and Mediastinum  
Miscellaneous

240  
240  
241  
241  
241

## Surgery of the Abdomen

Abdominal Wall and Peritoneum  
Gastro-Intestinal Tract  
Liver Gall Bladder Pancreas and Spleen  
Miscellaneous

241  
242  
244  
245

## Gynecology

Uterus  
Adnexal and Perinertine Conditions  
External Genitalia  
Miscellaneous

245  
246  
247  
247

## Obstetrics

Pregnancy and Its Complications  
Labor and Its Complications  
Puerperium and Its Complications  
Newborn  
Miscellaneous

247  
249  
249  
250  
250

## Genito-Urinary Surgery

Adrenal Kidney and Ureter  
Bladder Urethra and Penis  
Genital Organs  
Miscellaneous

250  
251  
251  
252

## Surgery of the Bones Joints Muscles Tendons

Conditions of the Bones Joints Muscles Tendons  
Etc

252

Surgery of the Bones Joints Muscles Tendons  
Etc

253

Fractures and Dislocations  
Orthopedics in General

254  
254

## Surgery of the Blood and Lymph Systems

Blood Vessels  
Blood, Transfusion  
Lymph Vessels and Glands

255  
255  
255

## Surgical Technique

Operative Surgery and Technique Postoperative  
Treatment

255

Antiseptic Surgery Treatment of Wounds and  
Infections  
Anesthesia

256  
256

## Physicochemical Methods in Surgery

Röntgenology  
Radium  
Miscellaneous

256  
257  
257

## Miscellaneous

Clinical Entities—General Physiological Conditions  
General Bacterial Protozoan and Parasitic Infec  
tions

257  
258  
258  
258



## AUTHORS

## OF THE ARTICLES ABSTRACTED IN THIS NUMBER

- Acklan I W R 225  
 Adams J D 229  
 Albee F H 29  
 Andler R 213  
 Andrei O 222  
 Andrews C I 193  
 Archibald F 188  
 Armstrong E L 216  
 Baer C 206  
 Ballant P 181  
 Ballou D H 188  
 Bankart A S B 216  
 Barker L I 19  
 Barrow J V 221  
 Bartlett W 183  
 Bardi A 203  
 Blanc 216  
 Blanc H 218  
 Bloodgood J C 224  
 Blum A 213  
 Lour D 204  
 Briand 208  
 Brown F R 195  
 Calhoun F P 182  
 Campbell J M H 201  
 Carling E I 200  
 Carlson A J 90  
 Carnett J B 227  
 Case J T 191  
 Cavadias A 225  
 Chevassu 215  
 Chin the A C 190  
 Cibert J 26  
 Cox F O 90  
 Coffey R C 199  
 Cole W H 23  
 Coll p J B 184  
 Cone S M 222  
 Davis L B 173  
 Dean L W 185  
 De Gouche I 217  
 Dew H R 234  
 Dickson F D 231  
 Dierck H 184  
 Dintenas H 183  
 Dor 214  
 Dossot R 210  
 Dudgeon I S 20  
 Dumolard 200  
 Dunning H S 182  
 Dyke S C 220  
 Esendrath D N 216  
 Ekehorn G 208  
 Flot 193  
 Frey 206  
 Fey B 210  
 Fisher A C T 25  
 Forbes A M 225  
 Frantz A M 197  
 Gayet C 216  
 Gibson T E 220  
 Glasser J M 216  
 Gouard 00  
 Graham E A 189  
 Greenbaum S S 183  
 Greene C H 197  
 Groover T A 190  
 Hansen S 223  
 Hardoun 219  
 Heath D 220  
 Hepl r A B 210  
 Hey Groves I W 230  
 Hibbs R A 230  
 Hicks J A B 200  
 Higgins C C 195  
 Hinman F 210 220  
 Hofstaetter R 203  
 Holmes C K 215  
 Huntsinger M I 196  
 Hurst A I 193 194  
 Jackson C 183  
 Joannisa M 215  
 Johnson F M 210  
 Joly J S 29  
 Jones Sir R 25  
 Kantor J L 195  
 Kappus M 236  
 Karner H T 191  
 Katz H 26  
 Kennedy C 06  
 Kili I 219  
 Kibrell O P 193  
 Knages R L 223  
 Knight M S 180  
 Kolodny A 223  
 Kutzmann A 220  
 Landivar R 211  
 Leaby M 219  
 Lecomte H 202  
 Le Dentu 186  
 Leonard R D 229  
 Lepper E 220  
 Levin S 184  
 LeWald L T 193  
 Liscer H 185  
 Lloyd A L 194  
 Lombard 200  
 Lower W E 195  
 Lyon B B V 191  
 Magitot A 181  
 Mann F C 198  
 Marion 216  
 Maron G 217  
 Marquis J W 188  
 Maybury B C 21  
 McCafferty L K 229  
 McCarthy C L 29  
 McClure C W 196  
 McCreery J A 193  
 McNear C S 197  
 Mendenhall W L 191  
 Merritt E A 190  
 Merwarth H R 187  
 Miller C J 199  
 Mills H W 233  
 Nitry 211  
 Mole R 200  
 Morrissey E J 186  
 Munro J M H 225  
 Myerson M C 189  
 Nicolich C 212  
 O Conry V J 212  
 Opie J I 196  
 Orr H W 222  
 Ogood R B 225  
 Osmon J J 20  
 Lag 206  
 Pasteau 215  
 Persson M 211  
 Peters H 203  
 Pooley C H 180  
 Regaud C 182  
 Ricard A 20  
 Rittershaus C 207  
 Rochet 196  
 Rolleston Sir H 25  
 Rossier G 207  
 Fowntree L C 19  
 Silvius P 218  
 Sampson J A 04  
 Schickel G 02 206  
 Sevier C L 229  
 Shepard on H C 185  
 Spindler 208  
 Stevens G W 230  
 Stooler B 187  
 Strassmann P 216  
 Swalm W A 196  
 Tcharin A 218  
 Terry W I 183  
 Thévenot 196  
 Thomas T T 231  
 Thomson Walker J 20  
 Truchot P 210  
 Tuffier T 204  
 Turner H 228  
 Verbrugge J 193  
 Von Lackum H I 230  
 Vorhastner W 227  
 Wagner G A 08  
 Walker A M 29  
 Walters W 197  
 Walton A J 192  
 Warm r F C 201  
 Waterhouse R 225  
 Watson L M 217  
 Wallox Sir W 225  
 Williams C 224  
 Wood F C 233  
 Woolcy G 193  
 Wueling M 231  
 Yates J I 230



## EDITOR'S COMMENT

**D**AVIS review of the question of innervation of striated muscle (p 173) is a helpful contribution on a subject that has aroused great interest and considerable discussion in recent months. Davis emphasizes the point that clinical procedures should be based on clear cut evidence obtained from experimental studies and that procedures based on equivocal evidence are very likely to prove unsuccessful and disappointing. This position obviously is the one on which true progress in surgery is based.

A large number of particularly interesting abstracts on various phases of genito-urinary surgery will be found in this month's issue of the ABSTRACT. Blum's studies on the physiology and pathology of the ureter (p 213). Andler's paper on atony of the ureter (p 213). Eisendrath, Katz and Glasser's report on five cases of bladder reflux (p 216) and Hinman, Gibson and Kutzmann's discussion on the origin and structure of malignant tumors of the testis (p 220) deal particularly with the physiology and pa-

treatment of genital tuberculosis in the male (p 217). recommends epididymectomy as the operation of choice when definite involvement of the epididymus has occurred and the acute stage is passed. He believes the danger of generalized tuberculous infection has been exaggerated.

Hurst in reviewing a large group of cases of cancer of the stomach from Guy's Hospital, London (p 193) states that he has never seen a case of cancer of the stomach or colon in which occult blood was not present. Case emphasizes the value of leaving the duodenal tube in position after operations on the stomach and duodenum.

the treatment of tuberculosis of the knee joint (p 230) touch two important problems of orthopedic surgery. Willem's study of the end results of joint infections in cases in which early mobilization has been employed as routine treatment (p 224) constitutes another chapter in the development of this important subject. A symposium on arthritis presented at a recent meeting of the British Medical Association (p 225) includes the views of a number of distinguished British and American medical men.

The physiological action of the parathyroid glands (p 226) is of para-

thology's utilization of mitral cystography demonstrating the hypertrophied interureteral bar (p 216) concern some helpful diagnostic methods of recent development.

Salvini's report on the immediate and the late results in 180 cases of prostatectomy from Marion's clinic (p 218) calls particular attention to methods of avoiding the complications incident to operation. Nicolich's report of a case of reflex anuria after nephrectomy (p 212). Mitry's management of a case of calculous anuria and reflex ileus (p 211). Landivar's account of the clinical course of a case of calculous hydronephrosis in a solitary kidney (p 211). Dor's suggestion as to the value of ureteral catheter-

secretion exact nature and function of the parathyroid glands (p 226).

Richard and Lecomte's discussion of acute peritoneal forms of tuberculosis of the adnexa (p 20). Graham's report of a case of cardiolysis for chronic mediastinopericarditis (p 184). Marquis' report of the use of the roentgen

contracted bladder (p 210) and the methods being utilized to meet the uncommon and difficult problems in the surgery of the urinary tract. Marion in a discussion of the

# INTERNATIONAL ABSTRACT OF SURGERY

MARCH 1926

## COLLECTIVE REVIEW

### THE SURGERY OF THE SYMPATHETIC NERVOUS SYSTEM

#### I MUSCLE TONE

By LOYAL DAVIS MD MS PH D CHICAGO

Associate Professor of Surgery at the University of Chicago

**B**EFORE the surgical aspects of the sympathetic nervous system in its relation to muscle tone can be discussed intelligently it is necessary to define what is meant by muscle tone. Immediately we are beset with difficulties. The more we necessarily increase when we attempt to divide this ill defined characteristic of muscle into its component parts. Finally when we attempt to recognize and deal with these component parts clinically many physiological problems which thus far remain unsolved confront us. Certainly before any attempt can be made to

Clinically it is known that hypertonicity occurs as the result of corticospinal tract lesions. It occurs in a different form in the so-called extrapyramidal motor diseases such as paralysis agitans and other diseases of the striate body and it is present in rare cases of complete decerebrate rigidity in man and in certain diseases which probably involve a peripheral muscular mechanism such as myotonia and tetany. Tone is increased in a modified and temporary manner in certain frontal lobe lesions which supposedly involve a hypothetical cortical representation of tone.

When the tone is altered by

system in many cases of muscle tone altered by disease. Their conclusions must therefore be looked upon with considerable doubt. Unfortunately their surgical technique has advanced beyond the bounds of known physiological facts and evidence has been accumulated in an attempt to justify a given surgical procedure.

Tone is a property of muscle the components of which are today incompletely known and the physiology of which is poorly understood. In cases of tone

skin in lesions which for the most part involve the pyramidal tracts. It does not exert any selective influence on the muscle gtonicity. It is not a factor in the

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contracted bladder (p 210) and methods being utilized to meet the uncommon and difficult problems in the surgery of the urinary tract. Marion in a discussion of the

observations on cases of hyperthyroidism by iodine administration (p 183) are other papers worthy of particular note.

motor fibers of sympathetic origin to striated muscle

Finally as Langley has stated if all striated muscles contain sympathetic nerve endings it is unusual that they cannot be seen in methylene

is a degree of uncertainty as to the presence of non medullated nerve fibers of sympathetic origin in striated muscle Further even when they are seen observers are not at all agreed as to the

innervation of striated muscle

Upon this evidence Hunter and Royle formulated the hypothesis that there are two groups of muscle fibers with distinct motor innervation and separate and specific function They stated that the cerebrospinal motor nerve endings are concerned in ordinary muscle movements and with the component of muscle tone which they termed contractile They concluded that the sympathetic or non medullated nerve endings are related to the maintenance of a second element of muscle tone the so-called plastic tone It must be apparent that the physiological applications of such an hypothesis are based upon a rather insecure histological foundation

#### COMPONENTS OF MUSCLE TONE

Sherrington has given us a conception of muscle tone as a reflex reaction the stimulus for which comes from a proprioceptive source and the purpose of which is to maintain posture He believed there are two reflex pathways concerned in the

two divisions dependent upon the type of stimulus necessary to produce an adequate reaction The first

variations in tone and posture These are the standing and righting reflexes of Magnus

and de Kleijn to whom we owe much for their contributions on the question of muscle tone These reflex reactions are characterized also by the fact that they have a long latent period they may follow closely upon phasic or clonic reactions produced by external sensory stimuli and they persist as long as an adequate stimulus exists The effective stimulus for the proprioceptive center is muscle stretching while an adequate stimulus is a change in the relation of the otolith organs to the horizontal plane in space

In contrast the phasic reflex system employs flexor groups of muscles and the reactions are a series of repeated but brief movements Both tonic and phasic pathways are acted upon by the cerebral motor cortex The centers for the phasic system lie in the spinal cord whereas those governing the tonic pathway are in the brain Both systems employ the striated muscle and the neurones of the anterior horn cells of the spinal cord as the single effector mechanism

this phase of the subject to which Sherrington's theory of reciprocal innervation applies

This is the accepted and well established view of muscle tone In contrast and on the basis of Boeke's histological work Langelaan suggested that each skeletal muscle fiber is composed of a dual set of a sarcooplasmic system and

ent upon the sarcoplasm and its sympathetic innervation and a contractile component affected by the striated apparatus and innervated by the cerebrospinal nerves Such an hypothesis is attractive but a definition of plastic and contractile tone still

and pointed out the differences in the two kinds of muscular activity Forbes has aptly pointed out that such tonic action may be explained as Lidell and Sherrington have shown as resulting from the different ways in which muscle fibers contract in different types of reflexes Such an

lengthening and shortening reactions. Neither can this type of hypertonicity be modified by certain phasic spinal reflexes.

Rarely hypertonicity is seen in certain gross lesions of the midbrain and pons as the result of complete or almost complete decerebration. Clinically certain phenomena found in decerebrate animals namely increased deep reflexes shortening and lengthening reactions and a

tension. However, these phenomena are often masked by increased spinal reflexes, contractures and muscular fibrosis. It is illogical to conclude

we must consider whether there is any evidence that skeletal muscle has a sympathetic innervation. Surely the establishment of this fact underlies the entire problem. Further granting that striated muscle has a sympathetic supply we must know definitely that such an innervation initiates maintains or in some manner influences muscle tone.

In 1879 Tschinew demonstrated the existence of two systems of motor nerve fibers to skeletal

tures

Ferronito later described non medullated and medullated nerve fiber endings but was quite unable to establish their independence. Boeke also observed the nerve endings described by Tschinew and Perroncito but stated definitely that they are not of independent origin. He described also what he has termed accessory

which condition muscular cramps and changes in electrical excitability and irritability of the muscles are found.

It has been suggested that that element of muscle tone which is related to the static or postural in contradistinction to the kinetic motor system is mediated by the sympathetic nervous system through a high reflex arc in the pons and a lower one in the cord the afferent and efferent limbs of the lower arc arising and terminating in the sarcoplasm of skeletal muscles.

#### SYMPATHETIC INNERVATION OF SKELETAL MUSCLES

Before entering into a discussion upon the relation of the sympathetic system to muscle tone

end organs of cerebrospinal origin and a non medullated system of sympathetic origin. Boeke described a nerve fiber and ending of each type situated hypolemmally upon a single muscle fiber. After section of the oculomotor nerve near the brain stem in a cat he found degeneration of both medullated and non medullated fibers in the levator palpebrae superioris muscle. Non medullated fibers which remained intact he regarded as

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fiber receives only one motor nerve ending. He pointed out that some muscle fibers receive a hypolemmally placed medullated nerve fiber ending while others receive an epilemmal ending derived from a non medullated nerve fiber. It is interesting to note that Kulchitsky expressed the lack of precise knowledge concerning nerve terminations in muscle. This was due mainly to inability to find the passage of non medullated

Kanavel Pollock and Davis repeated the work of Hunter and Royle with respect to the influence of sympathetic denervation upon the pattern of decerebrate rigidity. Cats were employed as experimental animals. Hunter regarded the cat as unsuitable for the investigation of problems of tone because he believed that the variability of contractile tone in this animal would mask the

were operated upon and were kept under observation for periods of from two to nine weeks. No changes in the character of voluntary or reflex

common carotids. The fact that animals so operated upon present active Magnus and de Kleyn phenomena forty-eight hours after ligation precludes the objection that the hypertonus may be due to a physical spasm. In all of these animals the onset and maintenance of decerebrate rigidity was exactly similar in all four extremities including the one previously deprived of its sympathetic innervation. Other workers including Cobb, Barrenne, Luno, Lopez, von Brücke and von Rijncker had previously arrived at the conclusion that normal muscle tone and the pattern of decerebrate rigidity do not depend upon sympathetic innervation.

#### ANATOMY OF THE SYMPATHETIC PATHWAY FOR PLASTIC TONE

If a nerve is

with

Hunter conceived a complete sympathetic reflex arc with distinct afferent and efferent arms and definite central pathways and centers. He stated that contractile tone has its center in

Naturally the acceptance of such a theory contradicts all of the facts known about the sympathetic nervous system. Gaskell has stated that the sympathetic nervous system consists purely of excitator neurons. Certainly the known facts support such a viewpoint. Moreover there is no known anatomical evidence which points to the existence of two systems of contractile and plastic tone reflex centers and pathways.

As Walshe has stated clearly to accept this view we first need unequivocal evidence of the existence of two distinct and separable functions of the neuromuscular mechanism to be subserved by these two apparatuses.

#### CLINICAL APPLICATION

It becomes apparent that many difficulties arise in the experimental identification and isolation of contractile and plastic tone. Such uncertainty as exists becomes profound if we attempt to say from clinical examination that in this case plastic tone is increased and in that one it is decreased. Add to this the absence of any standard

paralysis and suggested sympathetic ramisectomy to relieve the excessive plastic tone. They laid down certain criteria to be observed in the selection of the cases for operation. Preferably these

attributed to a tonic prolongation of a tendon jerk. As a matter of fact however even careful graphic records of tendon jerks under absolutely controlled conditions are often necessary to show this characteristic reflex. Further the time relation and type of reflex obtained may vary greatly in the same person under slightly different conditions of the experiment. Again Hunter and Royle have stated that the spasticity associated with spinal cord lesions does not show plastic tone and that consequently such cases are unfit for sympathetic ramisectomy. It is difficult to determine any clinical difference between the spasticity found in the leg of a cerebral hemiplegic and that found in a spastic paraplegia in extension. As Walshe has pertinently inquired if in the absence of plastic tone there is no true rigidity how can spastic paralysis in extension occur from a spinal cord lesion?

formed the efferent limb of the arc. He further postulated the corpus striatum as the higher center for the control of these sympathetic arcs.

explanation does not of necessity require the assumption of two types of muscle tone. As Walshe has pointed out, Langelaan's repetition of de Boer's experiments on the frog after removal of

of muscle fibers, the one subserving contractile tone and receiving its innervation from the cerebrospinal system and the other serving for plastic tone and innervated by the sympathetic nervous system. They interpreted plastic tone as that

that contractile tone tends to shorten certain muscle, thereby imposing a posture upon the limb. Carrying this idea to the decerebrated animal, they stated that the extended position of the extremities assumed following decerebration is an evidence of contractile tone, while the maintenance of that posture is the function of plastic tone.

On the assumption that these two types of tone are innervated by separate systems, Hunter and Royle attempted to isolate these functional elements experimentally. They removed the lumbar sympathetic rami upon one side and after a considerable interval performed decerebration by the usual guillotine method, which, as is well known, is accompanied by considerable hemorrhagic shock and inaccuracy in the determination of the level of decerebration. They found that under such experimental conditions the limb so denervated fell into an abducted, semiflexed attitude while upon the unaffected side extensor rigidity was marked. This result has been explained as due to a loss of plastic tone.

The second type of experiment performed by Hunter and Royle consisted in an endeavor to isolate plastic tone. They used the fowl as an experimental animal because of the anatomical separation of the cerebrospinal and sympathetic innervation to the wings. They severed the cer-

the survival period of the decerebrate preparation the impulses underlying these tonic activities con-

tained until the head is passively restored to its initial position. We may be sure therefore, that even though we divide postural tone into two separate components, the afferent impulses con-

passively into flexion, contractile tone would actively extend it again and that a rhythmic extension (active) and flexion/abduction (passive) would ensue. That this does not happen seems to indicate that there is no mechanism active in imposing posture on the limb in other words that contractile tone as defined is absent.

A consideration of the results of cervical posterior root section in the fowl reveals similar difficulties of interpretation. Thus it is a function of plastic tone to maintain actively any given posture imposed upon a limb and so to counteract the disturbing action of gravity and other external forces. In the experiment quoted, the passively extended wing dropped to the animal's side when

the wing musculature wholly atonic to passive stretching but it retained abnormal postures only as determined by gravity. Moreover, it must be

which must be assessed in any interpretation of the experiment.

Trendelenberg has recorded very careful experiments of a similar nature, carrying out thorough anatomical and histological controls upon his birds after they had been sacrificed. He performed extensive divisions of the cervical and thoracic posterior roots which of necessity removed both somatic and sympathetic afferent innervation. He concluded that such denervation of a single wing produced no drooping or loss of voluntary or reflex movements. The most common and logical objection offered to Hunter and Royle's experiments is that in all probability they produced damage to the ventral as well as to the posterior roots.

Kanavel Pollock and Davis repeated the work of Hunter and Royle with respect to the influence of sympathetic denervation upon the pattern of decerebrate rigidity. Cats were employed as experimental animals. Hunter regarded the cat as unsuitable for the investigation of problems of tone because he believed that the variability of contractile tone in this animal would mask the loss of plastic tone. In Sherrington's hands however the cat has proved to be of great value in the working out of such problems. In the experiments of Kanavel, Pollock and Davis eighteen cats were operated upon and were kept under observation for periods of from two to nine weeks. No changes in the character of voluntary or reflex movements were observed. Twelve cats were then decerebrated by ligation of the basilar artery at a selected level and simultaneous ligation of the common carotids. The fact that animals so operated upon present active Magnus and de Kleijn phenomena forty-eight hours after ligation precludes the objection that the hypertonus may be due to asphyxial spasm. In all of these animals the onset and maintenance of decerebrate

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Hunter conceived a complete sympathetic reflex arc with distinct afferent and efferent arms and definite central pathways and centers. He stated that contractile tone has its center in Deiter's nucleus and that the efferent pathway of this arc is the well known vestibulospinal tract which connects this nucleus with the spinal cord. Plastic tone he believed has its center in the reticular formation and the pontospinal tracts formed the efferent limb of the arc. He further postulated the corpus striatum as the higher center for the control of these sympathetic arcs.

theories of tone to selected clinical cases of spastic paralysis and suggested sympathetic ramisectiony to relieve the excessive plastic tone. They laid down certain criteria to be observed in the selection of the cases for operation. Preferably these

investigators were the resistance of the muscles to passive movements and the hung up or step-like tendon reflex. The hung up reflex they attributed to a tonic prolongation of a tendon jerk. As a matter of fact however even careful graphic records of tendon jerks under absolutely controlled conditions are often necessary to show this characteristic reflex. Further the time relation and type of reflex obtained may vary greatly in the same person under slightly different conditions of the experiment. Again Hunter and Royle have stated that the spasticity associated with spinal cord lesions does not show plastic tone and that consequently such cases are unfit for sympathetic ramisectiony. It is difficult to determine any clinical difference between the spasticity found in the leg of a cerebral hemiplegic and that found in a spastic paraplegia in extension. As Walshe has pertinently inquired if in the absence of plastic tone there is no true rigidity how can spastic paralysis in extension occur from a spinal cord lesion?



have been given. To rely upon a patient's statement or upon the simple observation of a patient's limb following operation is not only untrustworthy but highly unscientific.

Kanavel, Pollock, and Davis performed ramisection and in some cases completely removed the sympathetic chains in the cervical or lumbar regions in cases of paralysis agitans, postencephalitic Parkinson's disease, spinal lateral sclerosis, cerebral hemiplegia, Little's disease and spastic paraplegia in extension from a spinal cord lesion. All of the patients were normal mentally and had sufficient cerebral motor control to justify a removal of plastic tone. Careful kymographic and electromyographic records of reflex and voluntary actions were made before and after operation upon these patients. In addition motion pictures were used to determine any changes that might have occurred. The possible results of the operation were at no time discussed with the patient and physiotherapy was avoided since it was well known that many patients with the conditions mentioned are remarkably benefited by massage and electrical treatment. Today, about a year and a half after the operation, it is possible to confirm the earlier conclusion drawn that no change of any kind occurred in any of the cases. The character of the reflexes remains unchanged and all of the plastic tone phenomena continue undiminished. The experiments were consequently negative and failed completely to offer any confirmation of Hunter and Royle's work.

The position of these investigators was supported in a discussion of two cases operated upon in Boston by Royle. It was concluded by those present that no change of any note had occurred

duces no effect on normal tone which can be observed or recorded. The onset and maintenance of decerebrate rigidity in cats is unchanged after the removal of the sympathetic innervation to an extremity. With the exception of Royle's work on goats, the evidence in the literature is in agreement on this point.

The problem of muscle tone is extremely complicated. One or many separate mechanisms may be responsible for changes in muscle tone. Because of this, the clinical application of any theory dealing with the components of muscle tone

passive motions and tremors before and after removal of the sympathetic nerve supply have shown no change in cases of paralysis agitans.

cessive plastic tone is present to an unusual degree. According to Hunter and Royle, patients with

to be determined

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11

11

11

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CROTHERS B FORBES A BAILY P Cases treated by sympathetic ramsection by Dr N D Royle Arch Neurol & Psychiat 1925 xiii 638  
DR BOER S De Bedeutung der tonischen Innervation fuer die Funktion der Quergestreiften Muskeln Ztschr f Anat

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11 Neurol & Psychiat 1925 xiii 197

KULCHITSKY N Nerve endings in muscles J Anat 1904 cxvii 152 and cxv 1

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434

Id m 10 m 10

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lung des kulator

MANMAY A Zur Frage der Abhaengigkeit des Muskeltonus vom Sympathischen Nervensystem Ztschr f Biol 1922 lxxiv 299

MANSFIELD G Ueber die Innervation und den Tonus der Quergestreiften Muskeln Arch f d ges Physiol 1917 cxviii

MANSFIELD G and LUSACS Arch f d ges Physiol 1915 cxvi 467

ROYLE N D The treatment of spastic paralysis by sympathetic ramsection Surg Gynec & Obst 1924 xxvii 91

Idem A new operative procedure in the treatment of Med J

Id  
Id

POYLE N D and HUNTER J I The postural influence of the sympathetic innervation of voluntary muscle

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Ztschr f Biol 1920 lxxi 226

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# ABSTRACTS OF CURRENT LITERATURE

## SURGERY OF THE HEAD AND NECK

### HEAD

Johnson F M *Certain Difficult Problems in the Treatment of Carcinoma of the Lower Jaw*  
*Radiology* 1925 v 280

When in cases with metastasis only the submaxillary group of glands is involved the author attempts to remove this chain along with the submaxillary salivary gland. When the deep cervical group is affected the nodes along the internal jugular veins are excised. The earlier the primary lesion and the

ease Leucoplakia chronic fissures and papillomata are precancerous in nature

Billroth's theory of the importance of chronic irritation in the production of cancer is well confirmed by the oral cavity. Irritation from the use of tobacco a poorly constructed denture syphilitic

### EYE

Pooley G H *Operative Treatment of the Lachrymal Sac* *Proc Roy Soc Med Lond* 1925 xviii  
*Sect Ophth* 47

The author describes a quick operative method for the relief of dacryocystitis. The time required for the operation is only from five to ten minutes. An incision is made into the lachrymal sac through the skin the epithelium of the sac and nasal duct is

closed. The operation was per-

Knight M S *Neoplasms of the Choroid* *Am J Ophth* 1925 38 iii 791

On the hypothesis that various types of car-

names have been given to tumors of the choroid. Fuch describes fourteen varieties of sarcomata while Parsons refers only to those containing melanin

tant to know whether or not the ratio between the general and arterial pressure is preserved. In

In about 200 eyes examined microscopically

Magittot A and Bailliant P. The Circulatory Régime of Glaucoma. *Am J Ophth* 1925 33 VIII 761

At " "

and as the venous pressure can follow the rise and remain in equilibrium. As far as the retina is concerned we know that neither obliteration of the central artery nor thrombosis of the central vein (in the beginning at any rate) brings about any

this theory as they have found glaucoma in patients with a low blood pressure.

The intra ocular circulation in the normal eye consists of the retinal and choroidal systems. The retinal system the special function of which is to assure visual function has one entrance, one exit and no anastomoses. No important dilatation is possible in either the capillaries or the veins. The choroidal system which nourishes the outer layers of the retina regulates the ocular tension and is widely open with four great posterior channels and smaller anterior channels constitutes almost the

entire hypertonia. The obstruction of the venous vessels or veins has a like effect.

2. In animals killed by bleeding perfusion re

stores

3.

4.

tion

In a person whose ocular tension and general arterial pressure are normal the pressure in the branches of the central artery on the papilla ranges from 30 to 70 mm Hg. Measured at as nearly the same point as possible the venous pressure is in

concomitant with the state of the vessels. Many believe that

differs

blood

retin

The authors believe the reverse may be true that is

glaucoma h d am

f  
f

necrosis of the perforating episcleral vessels In

indications for miotic treatment are  
 1 The cases of patients over 60 years of age or  
 with some incurable disease whose life expectancy  
 is not too long

produce hypotonia To produce tension it is neces-  
 sary that the inflammation affect the venous sys-  
 tem of the eye

1 Th

Several cases and animal experiments have led  
 the authors to conclude that

scleral lip to form several avenues of escape for the  
 aqueous humor When the anterior chamber has  
 become shallow the scleral lip is formed by the  
 sclera itself

AUBREY H PEMBER M D

## NOSE AND SINUSES

Dunning H S Maxillary Sinusitis of Oral Origin  
*Laryngoscope* 1925 xxxv 766

glaucoma  
7 h

reaches the local systolic pressure blindness is total  
 because stoppage of the circulation is practically  
 complete and causes functional and anatomical  
 death of the eye L L McCoy M D

Calhoun F P The Non Operative and Operative  
 Treatment of Glaucoma *Am J Ophth* 1925  
 35 viii 840

membrane scraped the antrum packed through a  
 window made in the lateral nasal wall and the  
 alveolar wound then closed

WILLIAM D STARK M D

## MOUTH

Regaud C On Curiotherapy of Epitheliomata of  
 the Tongue and of Their Following Adenop-  
 athy *Bull J Radiol* 1925 ix 361

which curietherapy fails but the lesion remains operable he treats by surgery the X ray has given only poor results

In cancer of the posterior dorsal portion of the

plete cure

In curietherapy the radiation field must be as

rence of necrosis

In the n of d on t t

all cases of infralingual cancers In cancer of the posterodorsal portion of the tongue the X ray is preferable

External curietherapy must never be used with puncture The external method with the use of an external wax mould is now being employed

MANFORD R WALTZ MD

# PHARYNX

Dintenfass H and Greenbaum S S Pemphigus as a Beginning Tonsillar Manifestation *Laryngoscope* 1925 xxxv 758

The authors cite a case of pemphigus occurring in a male patient whose first complaint was dysphagia which had persisted for several weeks He was markedly nervous and complained also of salivation

There w 4 1 d - - - -

Blood Wassermann tests and examinations of smears for Vincent's organism were negative

The condition became progressively worse the

## NECK

Terry W I Goiter *J Iowa State M Soc* 19 5 v 544

as you go 1 a type medium found outside goiter districts Ninety five per cent of adenomata will produce toxic symptoms in time Such neoplasms

mos and a negative complement fixation test As the walls of the blood vessels in adenomata are thin hemorrhages occur easily in these tumors Hemor

The surgical treatment of exophthalmic goiter—the hyperplastic thyroid—has been distinctly modified by the preliminary use of Lugol's solution The benefit obtained by the administration of this solution outweighs the technical difficulties it causes However permanent recovery from the use of

tion and closes it without drainage

MANFORD R WALTZ MD

Kimball O P Induced Hyperthyroidism *J Am M Ass* 1925 lxxxv 1709

goster in children the administration of 10 mgm of iodine weekly is a safe procedure

ARTHUR L STREFFLER MD

Bartlett W Six Patients in Whom a Thyroidectomy and a Second Major Operation Are Indicated *Surg Clin N Am* 1925 v 1143

On the basis of six cases in which a thyroidectomy and another major operation were indicated the author lays down the following rules with regard to which operation should be performed first

1 Operate first on the lesion which is causing the more marked symptoms

2 The goiter should be removed at the primary operation if its presence is likely to interfere with inhalation anaesthesia required for the other operation

3 The thyroidectomy should be the primary operation if the condition is very toxic

4 Operate first upon a malignant lesion or any other lesion which is an immediate menace to life

5 Correct the other lesion before the thyroid condition if by so doing a patent source of infection will be eliminated

6 Operate for the other lesion first if its treatment will require a longer rest in bed than the thyroidectomy

the most important characteristic of the callus formed after parathyroidectomy is a deficiency in calcium and that therefore the cachexia parathyreopriva in the rat produces the same conditions as rachitis and osteomalacia in man

The author performed experiments on thirty

ADOLESCENTS

#### ARTHUR L. SHERFFLER M D

Levin S A Comparative Study of 100 Subtotal Thyroidectomies from a Single Goiter Zone  
*J Michigan State M Soc* 1925 XXIV 527

The patients whose cases are reviewed in this article lived in Houghton County Michigan. Most of the goiters were adenomata.

Levin emphasizes the fact that Lugol's solution should be used pre-operatively and postoperatively.

simple adenomata.

Pressure is more apt to be caused by deep or intrathoracic goiters than by those situated high. Tachycardia and tremor are present in all cases of toxic goiter.

The thyroid thrill was noted in only 50 per cent of the author's cases of toxic goiter. These were the most severe cases.

Severe toxic and intrathoracic goiters should be

radical treatment

ARTHUR L. SHERFFLER M D

Dieterich H Callus Formation After Parathyroidectomy (Die parathyreoprive Callusbildung)  
*Arch f klin Chir* 1925 CXXXVI 388

the excretion of calcium

Besides its thymogenetic causation in young animals observations made to date indicate that calcium deficiency in callus is associated with some abnormal condition of the parathyroid glands.

ZUR VERTH (Z)

Collip J B A Parathyroid Hormone and Its Physiological Action *Ann Clin Med* 1925 IV 219

1625

factory provided tetany was controlled for a month

blood serum calcium in normal dogs. One unit is defined as one hundredth part of the amount of extract required to cause an increase of 5 mgm of calcium in the blood serum of a 20-kgm dog the

caused death preceded by a fall in the calcium curve and a typical train of symptoms such as vomiting diarrhoea and atony

removal of three parathyroids at operation was followed by the immediate onset of tetania parathyreopriva. The treatment with Collip's parathyroid extract and its effect on the blood serum

the potent extract of the hormone in cases with a subnormal calcium content in the blood serum and in cases in which a hypercalcaemia might be beneficial

MANFORD R WALTZ M D

Lissner H and Shepardson H C. A Case of Tetania Parathyreopriva Treated with Collip's Parathyroid Extract. *Endocrinology* 1925 11 383

by this means the patient can be kept free from symptoms and her blood serum calcium can be maintained at a normal level indefinitely. A later report on this case will be made if possible

MANFORD R WALTZ M D

Dean L W. The Teaching of Undergraduate Laryngology. *Laryngoscope* 1925 xxiv 735

Dean urges that the teaching of laryngology in the undergraduate medical schools be continued



# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Morrissey E. J. The Effect of Magnesium Sulphate on the Cerebrospinal Fluid Pressure and on the Volume of the Brain *Arch Surg* 1925 21 778

The author conducted experiments for the purpose of determining the effects of magnesium sulphate on intracranial pressure. From his observation in six cases he concludes that the administration of 45 gm. of magnesium sulphate crystals by mouth does not cause a drop in the cerebrospinal fluid pressure in two hours.

In experimental animals a rise of pressure is noted

Le 1<sup>r</sup> - - - - -

CHIEF: 2001. RESULT: CERVEAU APRES PHASE POST-OPÉRATOIRE PÉNIBLE ET INCERTAINE. *Bull et mém Soc nat de chir* 1925 6 784

recurring at intervals of hours days weeks or

volume is not changed

1 1 - - -

1 1 - - -

cranial pressure

The experiments show that hypertonic sodium

Postoperatively the patient presented complete

whole

1  
appeared temporarily increasing on 2<sup>d</sup>

methods gives the best results

STANLEY J. SEEGER M.D.

Subsequently (1893 to 1905) the attacks recurred but were less frequent less violent and not associated with loss of consciousness. The patient then

Combined lumbar and cistern puncture is indicated when manometric studies by lumbar puncture alone do not permit definite conclusions. In the authors' experience combined lumbar and cistern puncture was indicated in only three of fifty cases.

visible but there was no pain at the site of the decompression.

WALTER C BURKET M D

### SPINAL CORD AND ITS COVERINGS

Stookey B Merwarth H R and Frantz A M  
A Manometric Study of the Cerebrospinal  
Fluid in Suspected Spinal Cord Tumors *Surg  
Gynec & Obst* 1925 xli 429

The authors believe that in cases in which a spinal

subarachnoid block or the absence of obstruction

have been made from the neurological examination alone by anyone with a knowledge of the clinical course of spinal cord neoplasms. The manometric findings merely offered evidence in support of the diagnosis.

STANLEY J STEIGER M D

# SURGERY OF THE CHEST

## TRACHEA LUNGS AND PLEURA

Marquis J W An Experimental Study of the Markings Seen in Roentgenograms of the Lungs of Normal Dogs *Am J Roentgenol* 1925 xiv 247

the

Assmann is quoted as concluding from his experi

ping He injects it through the cricothyroid membrane only in the cases of children In adults he

weeks or longer

ARCHIBALD reports three cases in which thor

tion with the injection clearly

The author believes that lipiodol will show the indications for thoracoplasty more definitely and will be found of aid in the differential diagnosis of localized pneumothorax and intrapulmonary cavities

WILLIAM E. SNACKLETON M D

the lung was a change in the roentgenographic marking from the usual broad solid ramifying shadows of decreased penetration to fine delicate linear shadows that usually appeared in duplicate By the re

Jackson C Discussion on Overlooked Cases of Foreign Body in the Air and Food Passages Symptomatology and Diagnosis *Brit M J* 1925 ii 686

cases

Ballou D H The Injection of Lipiodol as an Aid in the X Ray Diagnosis of Bronchopulmonary Lesions Including Tuberculosis Preliminary Report *Canadian M Ass J* 1925 xv 995

Archibald E X Ray Demonstration of Pulmonary Changes in Tuberculosis by Lipiodol Injection *Canadian M Ass J* 1925 xv 1000

BALLOU has found lipiodol a non irritating and non toxic preparation of great value for lung map-

present

The erroneous diagnosis of empyema is also common but though pleural involvement may occur and the feeding cases in found eration

lately frequently leads the physician to overlook the presence of a foreign body particularly one which is soft such as a particle of food

weeks There was no history of fainting sore throat or rheumatism

At examination a loud blowing systolic murmur was heard over the entire precordium This was loudest at the apex and transmitted to the axilla There was evidence also of decompensation The

#### initial symptoms

4 The occurrence of a symptomless period following the initial symptoms

WILLIAM E. SHACKLETON, M.D.

Myerson M. C. The Bronchoscopic Treatment of Lung Abscesses *Surg Gynec & Obst* 1925 xli 573

From a study of thirty-two cases of lung abscess the author concludes that bronchoscopic irrigation is a relatively safe procedure and should be tried

issue surrounding the abscess prevents its collapse

If the case does not respond by immediate improvement a surgical procedure more apt to bring about collapse of the cavity is indicated When there is marked early improvement the condition usually progresses favorably provided the patient remains free from infection of the upper respiratory tract

WILLIAM E. SHACKLETON, M.D.

#### HEART AND PERICARDIUM

Graham E. A. Cardiolytic for Chronic Medialitis Pericarditis *Surg Clin N Am* 1925 v 1396

Th

In the case reported in this article operation was

performed May 2 1923 Under novocaine anesthesia the third fourth and fifth ribs were resected from the border of the sternum well beyond the heart

At the end of three weeks there was great improvement in the patient's general condition with thorough cardiac compensation Today two years after the operation the patient is earning his living by office work and is able to walk a mile without dyspnea

The author believes that this is the first case operated upon before the appearance of ascites

In conclusion Graham states that it is very important to remove the pericostum in order to prevent the formation of new bone

CLAYTON T. ANDREWS, M.D.

#### ESOPHAGUS AND MEDIASTINUM

Osmond J. D. Obstruction of the Esophagus *Radiology* 1925 v 312

This report is based upon sixty cases of obstruction of the esophagus The three most common causes were cicatricial stenosis spastic stenosis and malignancy The obstruction was partial or complete In three cases there was partial compression stenosis due to an extrinsic cause In one of these the extrinsic cause was a goiter in another an aneurism and in the third enlarged mediastinal

glands The one case in which a foreign body was present is classified with the eleven cases of cicatricial stenosis because of the large amount of scar tissue that had been formed as a result of the trauma of early attempts to remove the foreign body

In the ten cases of spastic stenosis in the series the condition was limited to the lower portion of the

an irregular outline to the barium meal in the absence of carcinoma

The author draws the following conclusions

1 About 60 per cent of cases of cesophageal obstruction are due to carcinoma the remaining 40 per cent can be cured

2 Benign stenosis will go on to complete obstruction if it is not treated Even cardiospasm may cause death from prolonged lack of water and nourishment

3 An X ray examination should be made in

Groover T A Christie A C Merritt E A  
and Coe F O Roentgen Ray Diagnosis and  
Treatment of Thymoma Report of Two Cases  
*J Am M Ass* 1945 lxxiv 111

The authors call attention to the difficulties in diagnosing mediastinal tumors and the frequency with which such tumors are overlooked Usually the correct diagnosis or even the diagnosis of mediastinal tumor is made first at autopsy

In the roentgen picture the presence of a thymoma is suggested by a clear flat non pulsating mass close to the anterior chest wall and without evidence of invasion of the surrounding structures

# SURGERY OF THE ABDOMEN

## GASTRO INTESTINAL TRACT

Harsner H T Peptic Ulcer of the Stomach

not yet been demonstrated beyond doubt. The persistence or chronicity of an ulcer depends upon a variety of factors, none of which can be said to operate in all cases. Probably several of them are associated. These include hyperacidity, stasis of

HARSNER discusses peptic, round or simple gastric

permanent deformity of the stomach. Hyperemia

in the mucosa and submucosa. Chronic hypertrophic gastritis is a common

the development of such lesions and the relationship of ulcer to habitus diathesis, vascular (especially capillary) anomalies, the endocrine make up and disharmonies of the vegetative nervous system suggest a constitutional predisposition to gastric ulcer.

On the other hand, the importance of environmental influences acting directly or indirectly upon predisposed areas of the gastro intestinal tract is suggested by the predominant localization of ulcers in a special narrow pathway in the stomach, in the first portion of the duodenum, and at or near the margins of gastro enterostomy openings. The differences in the rate of acute erosions occurring in the regions mentioned and of erosions occurring elsewhere, where the relationship of ulcer to the degree of acidity of the fluids that bathe the parts and the

not called 10 per cent

Clinical pathological and experimental studies have not resulted in a final conclusion as to the origin of or the reasons for the persistence of peptic ulcer. The subject of the nature of the lesion, however, has been clarified by the study of fresh tissue removed at operation.

The investigation of gastric ulcers has been rendered difficult by the inaccessibility of the field, the abnormalities produced by rendering it accessible, the complexity of the nervous and vascular supply of the stomach, concern organ and function.

primary disposition of such establish

A striking feature of nearly all cases in which a diagnosis of gastric or duodenal ulcer is made is the long history of subjective digestive disturbances. The majority of patients with such a lesion suffer

When the lesion is at the cardiac orifice the pain may be noted during the swallowing of coarse food. When the lesion is at the lesser curvature the pain may not be noted until from a few minutes to an hour after the ingestion of food. When the ulcer is near the pylorus the pain may be still further delayed (though usually it occurs within two hours after the meal) and is sometimes relieved by vomiting or gaseous regurgitation.

glands The one case in which a foreign body was present is classified with the eleven cases of cicatricial stenosis because of the large amount of scar tissue that had been formed as a result of the trauma

in irregular outline to the barium meal in the absence of carcinoma

The author draws the following conclusions

1 About 60 per cent of cases of esophageal obstruction are due to carcinoma the remaining 40 per cent can be cured

2 Benign stenosis will go on to complete obstruction if it is not treated Even cardiospasm may cause death from prolonged lack of water and nourishment

3 An X ray examination should be made in

fort than gastrostomy

Groover T A Christie A C Merritt E A  
and Coe F O Roentgen Ray Diagnosis and  
Treatment of Thyroidoma Report of Two Cases  
*J Am M Ass* 1935 lxxxv 112,

The authors call attention to the difficulties in diagnosing mediastinal tumors and the frequency with which such tumors are overlooked Usually the correct diagnosis or even the diagnosis of mediastinal tumor is made first at autopsy

deep X ray therapy was rapidly successful in improvement in the symptoms and a decrease in size of the tumor  
WILLIAM E SHACKLETON M D

enterostomies and twelve of seventy one operations with pyloric occlusion

Walton condemns partial gastrectomy for duodenal and pyloric ulcer even ulcers of the lesser curvature because of the possibility of late after effects the higher mortality rate of this procedure and the fact that marginal ulcers follow partial gastrectomy by the Polya and Billroth II techniques as frequently as simple gastro-enterostomy

Gastrojejunal ulcer is more likely to develop in cases with high acidity before and after gastro-enterostomy

The symptoms appear early and at first are mild and periodical. They then gradually increase in severity the patient returning for relief three or four years after operation or in some cases as late as ten or fifteen years. When the symptoms are well defined they are similar to those of duodenal ulcer. The pain comes on late after the ingestion of food often awakening the patient at night. Not infrequently it radiates into the left groin and is rather diffuse. Haemorrhage is not common. The roentgenological findings may be questionable

Hurst A F A Chronic Tuberculous Ulcer of the Stomach *Guy's Hosp Rep Lond* 1925 lxxv 428

in the swallowed sputum  
CARL R. STEINKE M D

Elliot LeWald L T McCreery J A Woolsey G and Others Gastro Enterostomy for Pyloric Ulcer Six Years After Operation *Ann Surg* 1925 lxxvii 664

ELLIOT presented before the New York Surgical Society a woman who had a gastro enterostomy six years ago for duodenal ulcer near the pyloric ring. This operation was followed by a good recovery. One year ago the patient returned with symptoms of enteroptosis. A roentgenogram

disappeared and that both the stomach and the gastro enterostomy orifice were working satisfactorily.

is not necessary for the

the other cases gastro enterostomy is necessary

WOOLSEY reported that he has had to re operate in many cases in which simple closure of a perforated ulcer had been done without a gastro enterostomy. He therefore believes that

LEWISOUY stated that the question as to whether gastro enterostomy should be added to closure in cases of perforated pyloric or duodenal ulcer must be decided on the basis of the conditions in the particular case. A gastro-enterostomy should be done if there is a constriction of the pylorus after closure of the perforation.

POOT has found that gastro enterostomy is required

Verbrugge J Gastrojejunocolic Fistulae *Arch Surg* 1925 xli 790

Two hundred and two cases of gastrocolic and jejunocolic fistula are reviewed and fourteen new cases

Fistulae of the caecum and appendix often

In the formation of a fistula following gastro enterostomy there are four periods (1) the ulcer period (2) the period of relief following

weight The stool may contain undigested food

another series of roentgenograms it was found that the ulcer had completely



In duodenal ulcer the pain usually occurs from two to four hours after the ingestion of food or during the night and if the ulcer is uncomplicated is immediately and completely arrested by the taking of food

Nausea and vomiting are more frequently associated with gastric than with duodenal ulcer but are characteristic of neither

The general physical examination is more helpful

the cases for occult blood in the stool

treatment for a few days

The symptoms of concealed perforation and organ penetration are difficult to interpret without roentgen ray examinations. Roentgenological studies are of the utmost importance in confirming and extending the diagnostic data

With regard to treatment Barker states that as knowledge and experience have increased the indications for

operation are becoming more definite and show which are the most successful operations

The clinical history of the case and if possible the details of the operative procedure should be known to the roentgenologist

In Case 3 surgical work all patients upon whom a

through the nose by the aid of a small catheter

and administered that it will not of the It must have value

ga

Walton A J Gastrojejunal Ulcer *Lancet* 1915 ccix 800

The author's statistics and those of others indicate follow gastro-enterostomy

rest in the psychic influences. In mild cases the period of absolute rest need not be prolonged

Drugs have their place in ulcer therapy but their value has been overestimated and the amounts used have been excessive. The free use of alkalies is associated with the danger of intoxication. Remedy of spasm (belladonna, hyos

r  
d  
astio  
mach  
w and  
volve  
ty or

according to Bennett is very common in carcinoma of the stomach

Twenty three of the cases showed delay in empty

examined for occult blood the guaiac test was positive in thirty five

In forty four cases a fluoroscopic examination was made after an opaque meal Twenty two showed definite evidence of carcinoma which eight were reported normal in every respect In the remainder the findings were variable

In 44 per cent of the cases there was a history of gastric trouble of some kind for more than a year while in 36 per cent the history of such trouble did not extend further back than one year

Removal of the growth was done in nine cases In the remainder it was found inadvisable or impossible because of the patient's poor general condition (the presence of secondary deposits or the extent of infiltration of the growth into the surrounding tissues)

Brief notes are given on each of the fifty cases

CARL R. STEINKE M.D.

Lower W. E. and Higgins C. C. Retroperitoneal Hernia *Ann Surg* 1925 LXXIII 576

Retroperitoneal hernia may be divided into four groups: duodenal, pericaecal, intersigmoid and those formed by herniation through the foramen of Winslow

The symptoms of paraduodenal hernia are those of chronic or acute intestinal obstruction. Distention, nausea, vomiting, belching and constipation are

little aid in the diagnosis

The treatment indicated is surgical reduction of the hernia. Injury to the large vessels at the neck of

occupies the right half of the abdominal cavity. The orifice is situated behind and to the left of the sac on the lumbar vertebrae and either the superior mesenteric artery or a continuation of the ilioocolic artery is to be found in the anterior margin of the sac

steady dull epigastric pain

Physical and X-ray examinations were negative. When the abdomen was opened no small intestine was visible but coils could be seen through a layer of peritoneum. Investigation revealed that all of the intestine in this region was enclosed in a large hernial sac. The mouth of the sac was toward the left. Its posterior boundary was formed by the lumbar vertebra covered by peritoneum and in the anterior margin by the mesentery.

hernia was reduced the neck of the sac was closed with a catgut suture and the fundus was removed. The patient made an uneventful recovery and has had no return of symptoms.

HARRY W. FINE M.D.

Kantor J. L. A Clinical Study of Some Common Anatomical Abnormalities of the Colon II. The Low Caecum. *Am J Roentgenol* 1915 XIV 207

This article is based on 100 anomalies encountered in 554 patients complaining of various gastrointestinal symptoms who were studied with the aid of the barium meal. The observations were made nine hours after the barium meal. A caecum was called low when it had prolapsed half way or more into the pelvis as seen in the dorsoventral film taken with the patient in the prone position.

Brown F. R. Right Duodenal Hernia With a Report of a Case Successfully Operated on the Fourth Recorded Recovery. *Br J Surg* 1925 XXI 36

To date not a single case of duodenal hernia on the right side has been diagnosed before operation or autopsy. According to Moynihan the sac always

contains an asthenic subject and an easily palpable gurgling tender caecum. The positive diagnosis is made by roentgen examination.

In most cases proper conservative medical care gives relief or a cure. Rest, abdominal support and

Masses or adhesions may form a palpable tumor. Tenderness may be noted and there may be visible peristalsis.

The diagnosis depends chiefly upon the occur-

by the charcoal. He has never seen a case of cancer of the stomach or colon in which occult blood was not present. In the cases reviewed the guaiac test was positive in 100 per cent and the spectroscopic test was positive in 91 per cent.

Hurst is an advocate of medical treatment for gastric and duodenal ulcer so long as there is no hour glass contraction or pyloric obstruction. If the

observation

has been made in a case of cancer

ment elsewhere.

Of the 122 patients many were operated upon without any preliminary investigation or were admitted in such poor condition that investigations were impracticable before death occurred. There remained fifty cases in which the diagnosis was confirmed and sufficient investigation was done to

Lyon B B V and Swalm W A The Therapeutic Value of Non Surgical Drainage of the Biliary Tract *J Am Med Ass* 1925 lxxv 1541

OSTE calls attention to the ability of the liver to select from the blood stream and fix within itself the

sinusoids the liver fixes insoluble inorganic particles many kinds of organic particles such as bacteria and

injurious agents which enter the gastrointestinal tract and prevents their entrance into the systemic circulation

Fixation of injurious substances may cause destructive changes and permanent lesions in the liver

McCLURE MENDENHALL and HUNTER-GOFF outline some of the principal results of correlated studies on the functional state of the liver in the

tion the liver is stimulated by oleic acid and the resulting bile is collected from the duodenum by

and favorably to produce clinical amelioration of disease For good results however considerable experience is necessary

LYON and SWALM describe three vicious circles in chronic gall tract disease

The first is dependent upon the lymphatic drainage between the gall bladder liver and pancreas especially in cases of mural or interstitial chol cysts

non surgical measures were used

J FRANK DOUGHTY M D

Greene C H McVicar C S Walters W and Rowntree L G Diseases of the Liver IV Functional Tests in Cases of Carcinoma of the Liver and Biliary Tract *Arch Int Med* 1925 lxxv 542

The determination of the serum bilirubin and the phenoltetrachlorophthalein test promise to be of very definite assistance in the study of cases of abdominal carcinoma and suspected malignant disease of the liver The greater number of the other tests for hepatic function which were studied by the authors failed to show significant changes or sufficiently specific changes to be of any great clinical value

When extension of the malignant process to the liver is accompanied by jaundice as from obstruction of b

is unobscured by these tests from obstructive jaundice

It is in the study of patients with carcinoma involving the liver and without jaundice that functional tests and particularly the phenoltetrachlorophthalein test are of the greatest value In cases in which there was clinical evidence of malignant disease of the liver confirmatory results were obtained by functional studies In the absence of

the administration of oil by mouth or by small enemata are indicated I EDWARD BISHKOW M D

Rochet and Thévenot Appendicitis and Diseases of the Right Kidney (Appendicite et affections du rein droit) *J d urol méd et chir* 1925 xiv 546

A relation between appendicitis and kidney lesions has been under investigation for a long time The authors state that 6 per cent of their patients with renal infection have an appendectomy scar Such cases may be divided into three

MAISONNET reported that eight of every ten of his patients with hydronephrosis on the right side had

# LIVER GALL BLADDER PANCREAS AND SPLEEN

Carlson A J Physiology of the Liver Present Status of Our Knowledge *J Am M Ass* 1925 lxxxv 1468

The author reviews the methods employed in the

" *Am J Surg* 1925 xiv 1000

liver  
The factor in carbohydrate

urethritis with no other conditions observed are nephritis tuberculo sis and perinephritic abscess

Hæmaturia alone or with pyuria may occur in either acute or chronic appendicitis The cause is usually direct infection of the ureter reflex renal congestion or hæmorrhagic nephritis and less frequently infarction of the kidney or toxæmia The congestion may depend upon the well known connections between the renal and intestinal blood supplies

at the same time hæmorrhagic or

Renal tuberculosis and tuberculous appendicitis

great number of substances artificially introduced into the

the  
cholagogues besides foods acid gastric bile salts and whole bile

the appendix  
In the discussion of this report MARION suggested that there may be a relationship between movable

Op  
the

Mc

Lyon B B V and Swalm W A The Therapeutic Value of Non Surgical Drainage of the Biliary Tract *J Am Med Ass* 1925 lxxxv 1541

Orr calls attention to the ability of the liver to select from the blood stream and fix within itself the various substances that are foreign to the normal

sinusoids the liver fixes insoluble inorganic particles many kinds of organic particles such as bacteria and

der them harmless

The liver removes from the portal blood many injurious agents which enter the gastro intestinal tract and prevents their entrance into the systemic circulation

Fixation of injurious substances may cause destructive changes and permanent lesions in the liver

McCLURE MENDENHALL and HUNZINGER outline some of the principal results of correlated studies on the functional state of the liver in the

tion the liver is stimulated by oleic acid and the resulting bile is collected from the duodenum by

sodium sulphate was proved to have a depressant or stimulating effect upon liver function depending upon

The drug fixed the jaundice clinical amelioration of disease For good results however considerable

especially the gall bladder liver and pancreas

The third vicious circle is the absorption of the toxic bile by the

surgical measures cannot be undertaken in epidemic hiccough in cases of persistent biliary fistula in jaundice following arsphenamine treatment in simple catarrhal jaundice in early gall bladder and gall duct catarrh in gall tract disease associated

non surgical measures were used

J FRANK DOUGHTY M D

Greene G H McVicar G S Walters W and Rowntree L G Diseases of the Liver IV Functional Tests in Cases of Carcinoma of the Liver and Biliary Tract *Arch Int Med* 1925 xxvi 542

The determination of the serum bilirubin and the phenoltetrachlorophthalcin test promise to be of very definite assistance in the study of cases of abdominal carcinoma and suspected malignant disease of the liver The greater number of the other tests for hepatic function which were studied by the authors failed to show significant changes or sufficiently specific changes to be of any great clinical value

When extension of the malignant process to the liver is accompanied by jaundice as from obstruc

value of the test

be differentiated by these tests from obstructive jaundice

It is in the study of patients with carcinoma involving the liver and without jaundice that functional tests and particularly the phenoltetrachlorophthalcin test are of the greatest value In cases in which there was clinical evidence of malignant disease of the liver confirmatory results were obtained by functional studies In the absence of

clinical evidence of hepatic involvement the phenol tetrachlorophthalein test may furnish the only evidence of the presence of metastatic nodules in the liver

Positive tests are not obtained in all cases of metastatic involvement of the liver since positive tests are a measure of the interference with the activity of the liver as a whole and the liver is an organ with a large margin of safety For this reason however positive tests become doubly significant

Andrews G F Gall Bladder Disease *Nebraska State M J* 1925 x 365

Andrews summarizes the chief points in the diagnosis and surgical treatment of diseases of the biliary tract

The thin walled gall bladder is made up of elastic tissue and a small amount of unstriated muscle fiber It has a narrow eccentrically placed outlet and

anastomoses

The frequency with which pancreatitis is associated with biliary disease is explained largely by the free anastomosis between the lymphatics of the

Mann F C Modified Physiological Processes Following Total Removal of the Liver *J Am M Ass* 1925 LXXXV 1472

The blood sugar decreases from the instant the

The nerve supply of the gall bladder is made up of the sympathetic fibers from the celiac plexus corresponding to the lower six thoracic segments of the cord fibers from the vagus and occasionally sensory fibers from the phrenic nerve These connections

storage and concentration of bile during meal and its ejection after meal The ejection of bile is dependent more upon outside pressure such as

above normal in the hepatectomized animal the

urine

— A — m l q How long

gall bladder There is a rise in the pulse and respiratory rate the temperature and the number of white blood cells

Chronic cholecystitis is the most common form of gall bladder disease

Signs of hepatitis seen at operation are of two type dull gray patches on the liver near the gall bladder and milky white lines of varying length breadth and prominence The lines are due to inflammation and subsequent cicatrization of the

laden urine a leucocytosis and often a loss of weight

Miller C. J. Some Practical Observations on Gall Bladder Disease New Orleans M & S J 1925 LVIII 223

This article reviews the results obtained in 108 of 128 cases of gall duct disease recently operated upon

hypertension common duct obstruction hepatic damage auricular fibrillation arteriosclerosis by

strating the presence of pus cells bacteria and leukocytes in the bile

lack of pain

Next to the symptoms in diagnostic importance is the X ray which has become more useful in these cases since the work of Graham The blood chemistry is also of aid

Operation should be performed as soon as the diagnosis is made since the earlier the operation is done the simpler the procedure and the more successful

heal

Walters found that the cause of postoperative

cholecystectomy and states that in the absence of definite contraindications he prefers cholecystectomy

Of the 108 cases reviewed a cholecystectomy was performed in eighty six and a cholecystostomy in twenty two A cure was obtained in 89 per cent of each group With regard to the cases in which the outcome was less favorable the author states that a better result would probably have been obtained if the patient had been under the care of an internist after the operation There were two deaths in the 108 cases a mortality of 1.6 per cent

I EDWARD B. HENKOW M.D.

Coffey R. C. Surgery of the Gall Tracts North West Med 1925 XLV 479

T

gall bladder is the

intended anastomosis across the duodenum An anastomosis between the duodenum and jejunum was made and the common bile duct was opened and drained White or colorless bile was found In Coffey's opinion the jaundice may have been due to the great distention of the duodenum After the operation the



clinical evidence of hepatic involvement the phenol tetrachlorophthalein test may furnish the only evidence of the presence of metastatic nodules in the liver

Positive tests are not obtained in all cases of metastatic involvement of the liver since positive  
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Andrews C F Gall Bladder Disease *Id* 4/4  
*State M J* 1925 x, 365

Andrews summarizes the chief points in the diagnosis and surgical treatment of diseases of the biliary tract

#### anastomoses

The frequency with which pancreatitis is associated with the

Mann F C Modified Physiological Processes Following Total Removal of the Liver *J Am M Ass* 1925 lxxxv 1472

The nerve supply of the gall bladder is made up of

hypoglycemia The proper administration of glu

above normal in the hepatectomized animal the

active are excreted in the urine Uric acid is not destroyed but accumulates in the blood and tissues or if renal activity is maintained is excreted in the urine

In the hepatectomized animal a yellow pigment accumulates which gives a positive reaction to the accepted chemical tests for bilirubin and produces the same curve of light transmission with the spectrophotometer

#### hypochondrium

In acute obstructive cholecystitis there is a steady severe boring pain in the epigastrium or the right hypochondrium  
 as the right  
 catching  
 apraxia  
 re right  
 lly pre  
 tender

operation These findings were more marked after

Campbell J M H and Warner E C The Results of Splenectomy for Acholuric Jaundice Especially the Changes in the Fragility of the Red Blood Corpuscles *Glas Hosp Rep Lond* 1925 lxxv 432

Following a brief review of the literature on acholuric jaundice the authors report four cases Two of their patients were a brother and sister and one was

rabbits a fact suggesting that the increase in the erythrocytes at this period of time was due to the persistence of the old blood cells which would have been destroyed if the spleen had not been removed

3 In more than half of the rabbits the increase in the erythrocytes two or three months after the splenectomy was associated with a slight increase in their resistance to hypotonic saline solution The resistance of the rabbits to saponin was apparently unchanged

4 The white cells especially the leucocytes were increased in the first week This increase was evidently of inflammatory origin being more marked and persistent after partial splenectomy

HARRY W FINE M D

the resistance of the red corpuscles to hæmolysis much more than splenectomy usually does and only very rarely if at all bringing the fragility back to normal In familial acholuric jaundice the abnormal fragility is probably the underlying inherited factor and the overactivity of the spleen is produced by extrinsic causes

CARL R STEINKE M D

bile gradually became yellow and the jaundice disappeared

In the second case the X ray showed the shadows of gall stones. At operation stones were removed from the cystic and common ducts the gall bladder was removed and the common duct was drained

epigastric pain. Drainage of the common duct was followed by prompt recovery. The author believes that the dilatation of the common duct was due to the intra intestinal pressure which is greater than the pressure within the bile duct.

In the fourth case the common duct was markedly dilated and contained several large stones but there was no jaundice.

In conclusion Coffey states that for the proper evaluation of the findings of the Graham dye test clinical judgment is necessary.

H. HOTT COX M.D.

later after severe melæna

Lecene who reported the case to the Surgical Society believes that the condition was a splenomegaly from pylephlebitis—that a subacute or chronic infection originating perhaps in the digestive tract became localized in the splenic vein and that the phlebotic processes extended to the veins of the portal system.

It is not surprising that in such a case splenectomy was without effect. Even in cases of primary splenomegaly without thrombophlebitis of the splenic or portal vein splenectomy is not always successful.

Lecene reported a case of splenomegaly with gastric pain and hæmatemesis in which a diagnosis of primary splenomegaly probably of the Banti type with anemia and asthenia was made and splenectomy was performed.

The patient recovered promptly and when seen

The authors report the autopsy findings in the

hæmorrhage

was analogous to the case seen by Lombard, Dumolard and Goinard except that its course was more chronic.

As it is impossible to distinguish definitely between splenomegalies that are primary and those that are due to phlebitis of the portal system splenectomy in all such cases is more or less experimental.

AUDREY G. MORGAN M.D.

Mole R. H. Observations on the Blood Cells of the Rabbit After Splenectomy. *J. Path. & Bact.* 1921 22: 637.

The author removed the entire spleen or half of it from seventeen rabbits and studied the effect of the operation on (1) the number of erythrocytes (2) the

The findings are summarized as follows

1. Removal of all or half of the spleen from adult rabbits usually produced at once a decrease in the number of erythrocytes. In about a week these cells began to increase and after about two months they were usually more numerous than before the

found

The authors believe that the conditions mentioned such as the cystadenomata of the pancreas

formed

HARRY W. FINE M.D.

Lombard, Dumolard and Goinard. A Study of Splenomegaly with Hæmatemesis. (Contribution à l'étude des splénomégales avec hématoméses). *Bull. et Mém. Soc. nat. de chir.* 1925 1: 631.

operation. These findings were more marked after partial splenectomy.

2 The erythrocyte decrease was associated with a considerable reticulocyte increase during the first two weeks, suggesting increased hematopoiesis. After two months, however, the reticulocytes were considerably less numerous than in the control rabbits, a fact suggesting that the increase in the erythrocytes at this period of time was due to the persistence of the old blood cells which would have been destroyed if the spleen had not been removed.

3 In more than half of the rabbits the increase in the erythrocytes two or three months after the splenectomy was associated with a slight increase in their resistance to hypotonic saline solution. The resistance of the rabbits to saponin was apparently unchanged.

4 The white cells, especially the leucocytes, were increased in the first week. This increase was evidently of inflammatory origin, being more marked and persistent after partial splenectomy.

HARRY W. FINE, M.D.

Campbell J. M. H. and Warner E. C. The Results of Splenectomy for Acholuric Jaundice. Especially the Changes in the Fragility of the Red Blood Corpuscles. *Guy's Hosp Rep Lond* 1925 LXX 432.

Following a brief review of the literature on acholuric jaundice the authors report four cases. Two of their patients were a brother and sister and one was a first cousin of the brother and sister.

Acholuric jaundice is characterized by increased

by extrinsic causes

CARL R. STEINKE, M.D.

## GYNECOLOGY

#### ADNEXAL AND PERIUTERINE CONDITIONS

Ricard A and Lecomte H Acute Peritoneal  
Forms of Tuberculosis of the Adnexa (Forme  
péritonéales aiguës de la bacillo e annewelle)  
*Gynec et obst* 1925 XII 43

The authors discuss the different types of per-

lesion

Another type of peritoneal reaction to adneval

tive lesion must be removed

AUDREY G MORGAN M D

Sch... on of h Corpus

The sexual life of woman is regulated by the ovaries, particularly through the follicular apparatus.

deposition of 13L)

During pregnancy an analogous phenomenon

gland

hypoplasia and infantism of the accessory organs. The cervix is generally long, atrophied and pointed, contrasting therefore with the large metritic

derived and of which functionally it may be a continuation

The protective action of the ovary with regard to the genital tract and the secondary sexual characters probably belongs to the follicular apparatus. It is possible however that the thecal gland contributes secondarily.

In all cases the thecal gland disappears completely soon after the cessation of evolution of the follicular apparatus.

The changes of puberty are due to the follicular apparatus in which at this time certain elements arrive at their maximal growth and undergo dehiscence. At this period the external secretion of the ovary is established and thereafter has a definite rhythm.

In animals the phenomenon of heat is due to the growth of the follicles. After dehiscence of the follicles a new derivative of the follicle the corpus luteum is formed from the membrana granulosa. It appears that the corpus luteum continues the protecting influence of the follicle as regards the uterus particularly that which concerns the menses.

changes in the mammary glands at the beginning of pregnancy are only those of the end of rut. They are then at their maximum and do not vary during gestation. From the beginning of the second quarter of gestation the presence of the corpus luteum is no longer necessary to assure the required development of the mammary glands.

When conception does not occur the corpus luteum retrogresses and the uterine mucosa and mammary glands undergo involution. It has not yet been determined definitely whether these changes are produced by the regression of the corpus luteum. As in certain animals their evolution occurs in spite of the absence of a corpus luteum their involution may also occur under the same conditions.

In the lower animals the dehiscence of the follicle occurs at the end of rut (oestrus) in a comparatively short but variable time. In woman the dehiscence occurs usually after the end of menstruation between the eighth and fourteenth days or between the sixteenth and twentieth days.

It is probable that the principal purpose of the two cycles is to prepare for conception and nidation. The rôle of the ovular cell in the different phases of follicular evolution is still obscure.

of the primates. It may also be analogous to the flow which appears in certain mammals toward the end of rut at the time of the evolution of the follicles which are about to undergo dehiscence. If these assumptions are correct in woman as in the primates the beginning and the end of the cycle in the uterine mucosa overlap and the appearance of menstruation is a sign that conception has not taken place and that the new possibility of its occurrence is again present.

Luteinic opotherapy cannot be of any specific use as long as the active principle of the corpus luteum remains unknown.

In conclusion the author suggests that the follicular apparatus and its two derivatives may have a reciprocal antagonism.

SALVATORE DI PALMA M.D.

Biedle A. Peters H. and Hofstaetter R. At

#### LITERATURE

The purpose of the experiments reported in this article which were carried out in the period from 1911 to 1913 was to study the hormonal function of the interstitial gland of the ovary by isolating its cell complex through destruction of the follicular apparatus and corpus luteum. The methods for the

#### DISCUSSION

The hormonal activity of the damaged ovaries

chiefly negative pregnancy seldom occurred and among the animals already pregnant abortion was frequent. There was no increase in the interstitial glands.

Removal of the uterus also was without positive results. Cauterization of the corpus luteum with n

ated upon on the eighteenth and twenty fifth days respectively. In a period of three or four months following the cauterization the animals did not become pregnant.

influence on the course of pregnancy. Animals from three to five weeks old succumbed to more than one minute of freezing. Freezing continued for from fifteen to forty five seconds did not prevent normal

ovaries had any influence on the further course of

After the ninth day pregnancy was uninfluenced by castration. In irradiated animals irradiated ovaries healed in with great difficulty perished quickly and were entirely ineffectual against the approaching atrophy. Fecundated ova transplanted into animals exposed to the X-ray previously or afterward or into animals whose ovaries had been replaced by irradiated ovaries did not develop further.

The article contains numerous excellent illustrations. FLEXNER (C)

**Tuffier T. and Bour D. Ovarian Grafts: Experimental and Clinical Results with Regard to Menstruation, Fecundation and Pregnancy.** (Greffes d'ovaires: résultats expérimentaux et cliniques concernant la menstruation, la fécondation et la grossesse.) *Presse méd. Par.* 15 Mars 1913.

The implantation of free ovarian grafts especially autogenous grafts during the sexual life of woman has a very favorable influence upon the general

formed on patients ranging in age from 15 to 30 years. SALVATORE DI PALMA, M.D.

# MISCELLANEOUS

San

*Rev. A. Am. Int.* 1 (Often

1915 x 402

In this forty page article fourteen cases of in

passed out

From twelve to fourteen days after impregnation neither castration nor the implantation of irradiated

present in one or both ovaries in the absence of an endometrial cyst or hematoma. In the remaining case endometrial tissue was not found in either ovary.

The author believes that in all of the eight cases

face of the peritoneum or the perforation of an ovarian hematoma. In one case venous or lymphatic metastases from a possible primary uterine endometriosis may have been responsible for some of the superficial endometrial lesions of the uterine wall.

In three cases of inguinal endometriosis the structure of the endometrial elements was identical with

trophy of tissues of the groin. The reacting tissue was for the most part connective tissue with very little smooth muscle. In all three cases the nodule in

ment. In the third specimen the endometrial tissue occupied the region of a femoral hernia and was densely adherent to the anterior surface of the femoral vein.

In two cases peritoneal endometriosis was present. In the third case gross evidence of peritoneal endometriosis was absent. The pelvic organs were inspected but not removed. The uterus was found slightly enlarged and a small leiomyoma was dis-

was must be considered in this instance i.e. from a primary uterine endometriosis or from endometrial tissue escaping into uterine vessels during menstruation.

A study of pelvic endometriosis as a whole suggests that at times metastasis occurs through the lymph vessels and possibly through the vein and that endometrial tissue may reach the groin and other parts of the body through these channels.

Possibly inguinal endometriosis may be secondary to endometriosis in the pelvis. If so it may arise from (1) metastasis through lymph vessels

(2) abdominal inguinal ring (3) metastasis from the direct invasion of the uterus or tube by their mucosa with extension to the superficial lymphatics and veins and also from endometrial tissue escaping into the uterine vessels during menstruation or (4) implantation in a hernial sac. E. L. CORWELL M.D.



# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Schickelé G. The rôle of the Placenta in the Maternal Organism (Le rôle qui revient au placenta dans l'organisme maternel) *Gynec et obst* 1925 xii 1

It is generally believed that the placenta is an organ of nutrition. It seems certain that a large number of products of the maternal metabolism

examination the cervix was found patulous and the uterus the size of a two months pregnancy. A

whether the placenta is responsible for the physiological changes occurring in the maternal organism during pregnancy. From the investigations made to date it is still impossible to prove that the placenta

luteum was found. The abdominal incision was closed without drainage.

## LABOR AND ITS COMPLICATIONS

Kennedy C. A Case of Unusually Slow Fetal Heartbeat During the First Stage of Labor. *Edinburgh M J* 1923 xxxii Tr Edinb Obst Soc 166

It seems certain that in pregnancy the uterine muscle and its nerves are in a state of increasing excitability and it is possible that this condition is related to the maintenance of the calcium metab-

forty four hours the woman was anesthetized and episiotomy was done the membranes were rup-

Page

chir 1925 i 103

The patient whose case is reported was a 33 year old nullipara. Several months before she was seen

1925 xlii 1226

According to the statistics of Sarvey and Hofmeier the total mortality following the early induc-

mination of the capacity of the pelvis and (3) as to the size of the

pass through  
were deter-  
mined by calculation

The authors include in their article a chart which shows the minimal number of grams by which the weight of the average mature child weighing 3200 gm. must be reduced for each degree of contraction of the pelvis as shown by measurements at the conjugata vera.

The capacity of the pelvis is determined by measuring the conjugata vera with Zangemeister's verameter. By means of this instrument it is possible to determine this measurement during pregnancy within 1 or 2 cm.

The size of the child has been determined for

is then examined at increasingly shorter intervals in order to watch the growth of the fetus. As soon as the child reaches the greatest allowable size labor is induced by means of Zangemeister's bladder.

By this method the authors have reduced the total number of

**Rossier G.** The Indications for Pubiotomy: the Procedure of Choice. (*Des indications des pubiotomies choisies des procédés*) *Gynéc et obst.* 1925 XII 167

When the conjugata vera is between 6 and 6.7 cm. some type of intervention is usually necessary and lacerations of the soft parts are common. Midwives should be taught to estimate the dimensions of the pelvis by touch and when they suspect a patient to have a contracted pelvis they should refer her to a physician.

The indications for pubiotomy are:

vera between 9 and 11 cm. delivery occurred spontaneously.

tion is slow after rupture of the membranes when there is little dilatation in a period of three hours.

rected

Since subcutaneous pubiotomy has been prac-

Primiparity is not a contra-indication to pubiotomy if the operation is reserved for cases in which

ation  
with

is used to enlarge the pelvis permanently in the non-pregnant state the Potter de Costa or Rotter Mangiagalli operation may be used.

SALVATORE DI PALMA, M.D.

**Rittershaus G.** Forceps Deliveries and Infant Mortality (*Zangenfrequenz und Kindersterblichkeit*) *Monatsschr f. Geburtsh u. Gynäk.* 1925 LXIX 182

The author criticizes the bases of Meyer's conclusions regarding the relation of forceps deliveries

the fetus had the minimal measurements mentioned the forceps were used in 1491 (83.2 per cent). Sixty-four and four tenths per cent of the women delivered with the forceps were primiparae and the

infantile deaths was 6.8 per cent.

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prev

ergot. It is not recommended that deep symphysiotomy is not to be recommended to the general practitioner with little experience.

Indications on the part of the mother for forceps delivery are weak labor pains and irregularity of

ove  
dur  
fail

pulsations of under 100 in any single interval between labor pains and the excretion of fresh meconium with simultaneous weakening and irregularity of the heart sounds. Since the observance of these indications the frequency of forceps delivery has increased but the infant mortality has decreased and there has been no increase in the maternal morbidity or mortality.

HOESTING (G)

Wagner C. A. Th. B. -

في ١٩٢٨

In the Prague Clinic during the last eight years there were forty one cases of fetal syphilis.

An important factor in the expulsion of the placenta is the previous course of the labor. Of the forty one women whose cases are reviewed five were delivered in the Clinic and four of these five were free from fever. The one exception had fever for only a day. In the thirty six cases in which delivery occurred outside the Clinic the mortality was 30 per cent and the morbidity 69 per cent. In those in which internal manipulations were made during labor the mortality was 40 per cent while in those in which delivery occurred spontaneously it was 22.6 per cent.

the placenta an energetic attempt has been made to use the Credé method. Before the adoption of the

Mojon Gabaston procedure at the Prague Clinic

value of the placenta: 1 + 1 -

Whitney of the Insue

COVAD (G)

## NEWBORN

Brian and Gault

Th. -

Ekehorn G. Fetal Syphilis. *Acta med Scand* 1925  
Supp. 101

In this monograph the pathological findings in fetal syphilis are explained on a physiological basis.

but are not described in detail Cases of fetal

is little or no reaction while in infected living children there are few spirochaetes but the reaction is marked

As a general rule women with syphilitic endometritis give birth to infected infants The fetal morbidity varies directly with the severity of the endometritis as the spirochaetes enter the placenta at exactly the same rate as they enter the endometrium

fetus at the time of the infection there is a corresponding increase of reactive tissue In the still

The essential pathological changes usually con

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|

|

SAMUEL J FOGELSON M D

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Pyeloscopy has an advantage over pyelography in that it makes possible a study of the motility of the

Contractions were seen in some of them but not in

is a very marked relation between the degree of infection and the retardation of evacuation. This may be because the infection retards the evacuation or because when the motility is normal the pelvis drains well and infection develops less readily. It is probable that infection and disturbance of motility form a vicious circle each aggravating the other.  
AUDREY G. MORGAN M.D.

Hinman F. and Hepler A. B. Experimental Changes in

Arch Surg 1925 81 578

liquid seemed to pass from the pelvis toward the

In the experiments reported the left ureter of rabbits was divided between ligatures about 4 cm. below the renal pelvis and in one group of animals the splanchnics were radically divided at the same time. The animals were then given a regular allowance of food and water and were killed at varying intervals up to ninety days after the operation. To determine the gross changes in the kidney, roentgenograms were made after the intra-arterial injection of barium sulphate and the capacity of the renal pelvis was measured. The kidneys

tumor of the kidney was normal if the pelvis emptied in less than eight minutes and delayed if the emptying required from ten to thirty minutes. A diagnosis of retention was made if emptying had not taken place by the end of thirty minutes.

There were seven cases in which the renal pelvis was both dilated and infected. Three of these showed retention, three delayed evacuation and

nephrosis. The degree of hydronephrotic atrophy

periods.  
3. The performance of unilateral splanchnotomy after complete ligation of the ureter had no influence upon the rate of development of the hydronephrosis.  
H. A. FOWLER M.D.

patient was well until March 15, 1925, when the anuria recurred. Cystoscopic examination then showed a small calculus in the bladder and another impacted in the ureter. The stones were removed by ureterotomy performed with the cautery. Eight days later the anuria recurred and 50 gm. of purulent urine were removed by catheterization with a No. 14 Pasteau sound. After the removal of the urine the renal pelvis was washed with 2 per cent silver nitrate.

On the third day anuria occurred for twelve

the temperature rose to 39.5 degrees C. A fourth catheterization of the ureter removed 120 gm. of purulent urine. The ureteral catheter was then left in place for four days; the renal pelvis was washed with a 2 per cent silver nitrate and intravenous injections isotonic glucose solution were given. The urine at first cleared up but at the end of fifteen days the anuria recurred; the temperature rose to

Bladder irritability was an initial symptom in 74 per cent of the cases; renal pain in 18.5 per cent and hematuria in 5.5 per cent. Late symptoms were bladder irritability in a further 18.1 per cent and hematuria in a further 45.2 per cent. General symptoms such as loss of weight and appetite occurred in 51 per cent.

The urine was acid in 88.7 per cent and contained albumin in 97.5 per cent. Tubercle bacilli were found in the urine in 85.6 per cent. Pyuria was present in all.

In 25 per cent of the cases the kidney involved was palpable.

In the cases not operated upon the mortality was 84.5 per cent. In 80 per cent death resulted from kidney and urogenital tuberculosis.

Of seven patients subjected to nephrotomy and kidney resection six died within five years after the operation.

Of eight patients with bilateral renal tuberculosis who were treated by nephrectomy all died within two years. In the eighty-five cases of nephrectomy

49.35 per cent to pulmonary tuberculosis and 13.3 per cent to military tuberculosis. Of the patients who survived 57.1 per cent are well and 5.5 per cent show improvement. Of those who are well 66.1 per cent still have some frequency of urination.

With regard to operative technique the author states that he ligates the ureter, burns it off with the thermocautery below the kidney and allows the stump to drop into the wound. It then usually

one kidney will have no deleterious effect upon a woman as far as pregnancy is concerned provided she is otherwise normal. ALTON OCHSNER, M.D.

**Mitry.** Calculous Anuria and Reflex Ileus Cured by Distention of the Renal Pelvis (Anurie calculuse et ileus reflexe gueris par la distension des basses reins). *J. d'uról. méd. chir.* 1925, xx, 160.

The patient to whom she had had pain in the lumbar region. The urine sometimes contained phosphates but never albumin or pus.

On cystoscopic examination the right ureteral orifice was found gaping and surrounded by a vascu-

Persson, M. Renal Tuberculosis. *Ann. Surg.* 1925, lxxxi, 526.

The author analyzes 295 cases of tuberculosis of the kidney. Of these 70 per cent were males and 30 per cent females. The average age was 45 years.

lar and edematous zone. There was no obstruction to the passage of a sound in either ureter. As no urine was passed the renal pelvis were distended with silver nitrate. Immediately thereafter mucus

reaches the spinal cord by the tenth eleventh and twelfth thoracic nerves. In Zoja's opinion the reflex center is in the spinal cord between the seventh and eighth thoracic nerves.

The mode of action of the reflex is not thoroughly understood. Some think that it is vasoconstriction similar to that caused by stimulation of the splanchnic

stone the size of a grain of wheat in the right ureter and three small spots in the left ureter.

MICHON, who reported this case, said that while the association of intestinal occlusion with nephritic colic is not uncommon it is somewhat unusual for a ureteral calculus to act reflexly on both the kidney and the intestine.

CHRETISSU suggested that the occlusion might have been caused by the hyperazotemia rather than by the ureteral calculus.

first requirement is the subcutaneous rectal or intravenous injection of physiological salt solution or the intravenous injection of hypertonic glucose solution. At the same time the bladder should be distended by injecting fluid with a sound. If these measures fail bilateral catheterization of the ureters may be tried. The last two measures mentioned are adapted particularly to calculus anuria as they

the anuria.

MATSONNET reported a case of colon bacillus septicemia with acute nephritis, bilateral parotitis, uraemia, and a progressive and very high azotemia in which catheterization of the ureter and medical treatment re-established urinary secretion but had no effect on the azotemia and uraemia.

ALEXANDER G. MORRIS, M.D.

The patient whose case is reported was a man 44 years of age. As urination did not occur for two

O'Connor, J. Perirenal Sclerosis (Chronic Cicatrizing Perinephritis). *J. Am. Med. Assn.* 1915, LXXIV, 1118.

The term chronic cicatrizing perinephritis is applied by the author to a process which may accom-

kidney was demonstrated.

The route followed by the reflex is not known. Newirth believes that it follows the splanchnics and

in complete relief of the pain and a return to normal kidney function on the affected side

HENRY L. SANFORD M.D.

Blum V The Physiology and Pathology of the Ureter (Physiologie und Pathologie des Harnleiters) *Ztschr f Urol* 1925 XIX 161

inflammations tuberculosis and tumors of the ure

muscular apparatus of the ureter is the sucking up of the urine from the point of the papilla by rhythmic contractions The typical dilatations of the ureter seem to serve as temporary reservoirs for the urine The capacity of the renal pelvis is about 2 or 3 c cm

release of a wave of ureteral peristalsis is the entrance of urine into the pelvis of the kidney For normal function of the kidney and unobstructed excretion of urine complete closure of the ureters against the back pressure of the bladder is essential Anti peristalsis in the ureter may result from severe irritation at the peripheral end of the ureter In

the stasis of urine in the ureters and renal pelvis

Andler R Atony of the Ureter with Dilatation and Hydronephrosis Its Clinical Occurrence

*Chir* 1925 XVII 298

The most common cause of hydro ureter and hy

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dynamic type

Andler gives a very detailed description of the anatomy of the ureter and renal pelvis He calls attention especially to the fact that in the prevesical portion of the ureter there are bundles of longitudinal bladder muscle fibers arranged about the ureter but separated from it by a narrow space The musculature of the ureter is not continuous with that of the bladder but entirely distinct Only the

valve

These anatomical findings show that the motility of the ureter is independent of that of the bladder

more resistant to the compressing contractions of the bladder musculature or the pressure of the bladder contents If the musculature of the ureter is weakened a valve like closure of the ureter against the bladder is produced by the intravesical pressure

The ureter receives its blood supply from the aorta and the renal plexus arises from the coeliac plexus The nerve ganglia of the renal plexus are the renal plexus and the renal plexus The ureter also receives numerous nerve branches the uretero-capsular nerves, over the hilus or over the capsule of the kidney

The spermatic plexus arises from the renal plexus and the superior mesenteric plexus and receives branches from the aortic plexus Where the spermatic



renal vein and the ureter cross this plexus sends a few branches over the ureter

The author carried out experiments on animals to determine how the ureter would function after

the flow of the urine induced by destroying the

pressure in the renal pelvis is from 50 to 60 mm Hg whereas the strength of the ureteral peristalsis the expression pressure in the bladder is twice as

renal vein

The operation is begun with circular section. The outer lamella of the tunica fibrosa renalis is then stripped back until the renal vessels are fully exposed

are also other factors involved

Dor Catheterization of the Ureter with Two or More Sounds (Le cathétérisme de l'urètre avec deux sondes—bi-cathétérisme—et le cathétérisme à faisceau) *J d urol méd et ch* 1925 xix 519

Ureteral catheterization with two or more sounds has several uses. It is employed by Dor for example

to overcome obstructions of the ureter in the same manner as strictures of the urethra. When the sound meets with the obstruction it is left in contact with the obstacle and a second smaller sound is introduced. The two sounds are then alternately advanced and withdrawn. Great gentleness is necessary.

Two sounds are of value also in the treatment of

by pelvic lavage every three or four hours as a palliative or a pre-operative procedure. Permanent dilatation of the ureter may be obtained by the repeated introduction of catheters.

The author cites several cases in which the marked improvement following double catheterization made a curative operation possible or considerably increased the patient's comfort.

ALBERT F. DEGROAT, M.D.

Che - - - - -

T h o m a s a n d S o n

nity of the ureter by terminoterminal suture with four fine catgut sutures and provided vaginal drainage.

Recovery resulted but three days after the operation the urine passed through the vagina and the

ureteral orifices to be normal and revealed no sign of a third opening. The urine was clear and a sound which was passed without difficulty into the renal pelvis showed no retention. The function of the right kidney was even slightly better than that of the left kidney.

PASTLAL, in discussing this report, stated that the conditions in such a case are quite different from those in malacia of the ureter.

Humanus intact

CHEVASSE emphasized however that circular suture of the ureter is very different from simple suture of the longitudinal wound made in a ureterotomy.

MICHOX suggested that in the case reported the ureter may have been a bifid

AUDREY G. MORGAN, M.D.

Joannides M. and Holmes C. K. Uretero Ureteral Anastomosis: an Experimental Study. *J. Lancet* 1925 xiv 470.

Experimental surgery on the ureters of the dog has been unsatisfactory as the mortality has been high because of secondary injury and infection of the kidney. The degree of hydronephrosis is proportional to the degree and duration of obstruction of the ureters. The tubules become dilated first then the convoluted tubules and then the glomeruli. The epithelia become flattened and granular changes occur.

The authors have operated upon the ureters for exstrophy of the bladder and ureteral injury. In nearly all of the former hydronephrosis and infection resulted. In bladder exstrophy uretero-appendi-

catheter inserted from 2 to 5 cm. into the renal end first and covered with peritoneum. In some cases the ends of the ureters were approximated but in other cases they remained separated by from 1 to 2 cm.

tomosis is a satisfactory procedure and that if the ends of the ureter are closely approximated infection of the kidney is not apt to follow.

BENJAMIN F. ROLLER, M.D.

Pasteau. Ureterocystostomy (Urétero cysto néostomie). *J. d'urolog. méd. et chir.* 1925 xiv 551.

In the case reported a supravaginal hysterectomy had been done and later a second operation was performed for bleeding from the vagina. The patient consulted the author because of pain in the

and smooth. No jet of urine was seen on the left side. The examination revealed also a severe pyelo-

planted

Attention is called to the fact that although the pain was always limited to the right side only the

## BLADDER URETHRA AND PENIS

Elsendrath D N Katz H and Glasser J M  
Bladder Reflux *J Am M As* 1925 lxxv 1121

The author reports on the following cases:

non-obstructive bladder and prostatic lesions and

ing conclusions

Bladder reflux may be congenital or acquired. That it is not a permanent affection was shown by a case of atony of the bladder due to spinal syphilis in which it entirely ceased after proper local and general treatment.

Reflux plays an important part in carrying infection from the lower to the upper urinary tract.

ALBERT F DeGroot MD

Marion and Blanc The Interureteral Bar and Lateral Cystography (Barre interurétérale et cystographie latérale) *J d urol méd et ch* 1925 xix 554

concealed from view

In the anteroposterior roentgenogram taken after

portion of the ureter from lack of innervation or disease. It must be conceded that all three of these factors may co-exist and that each acting alone may be a sufficient cause for the phenomenon.

HENRY L SANFORD MD

Gajet G and Cabert J Cases of Diverticulum of the Bladder (Quelques cas de diverticules de la vessie) *J d urol méd et ch* 1925 xix 473

notch represented the interureteral bar and the

themselves

Strassmann P Replacement of a Contracted Bladder by Transposition of the Sigmoid Flexure (Ersatz einer Schrumpfbliase durch Transposition des S. romsuum) *Zeitschrift f Gynaek* 1925 xlix 1122

Various operations have been proposed and performed for severe contraction of the bladder. In

accordance with the Maydl technique Floercken transplanted the trigone into the sigmoid flexure after extirpation of one kidney Most surgeons

no evidence of a congenital hæmophilic diathesis Under irrigation of the bladder with a 1:5000 solution of silver nitrate the spots gradually grew paler

1

—a moderate leucopenia and a relative lympho

colon

Closure of the fistula by interposition of the uterus was followed by severe contraction of the bladder associated with attacks of severe pyelitis

To replace the contracted bladder Strassmann side tracked the sigmoid flexure and re-established the continuity of the colon by a side to side anastomosis between the descending colon and the rectum The left side of the side tracked colon he

the cases he has known prompt recovery resulted and because simple ulcer is generally solitary while the hæmorrhagic spots are multiple

AUDREY C MORCAY M.D.

Watson E M The Management of Bladder Tumors Particularly the Inoperable Type *J Urol* 1925 xiv 509

Benign tumors of the bladder are best treated by fulguration through the cystoscope with the use of a bipolar current As a certain number of benign tumors recur Watson implants in the region of the stalk from eight to ten 0.5 mc seeds of radium emanation

Cases of large localized malignant tumor without evidence of metastases are best treated by supra

was treated by primary intention and after the one year the

1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 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## BLADDER URETHRA AND PENIS

Eisendrath D N Katz H and Glasser J M  
Bladder Reflux *J Am U 135* 1925 lxxxv 1721

present in five cases of the series--three cases of non-obstructive bladder and prostatic lesions and

pected to occur The authors come to the following conclusions

Bladder reflux may be congenital or acquired That it is not a permanent affection was shown by a case of atony of the bladder due to spinal syphilis in which it entirely ceased after proper local and general treatment

Reflux plays an important part in carrying infection from the lower to the upper urinary tract and explains recurrence and resistance to treatment of such infections It may lead to an erroneous diagnosis of bilateral renal tuberculosis because it is a frequent complication of that disease It is favored by acute and chronic cystitis because in

may be a sufficient cause for the phenomenon  
HENRY L SANFORD MD

G

on diverticula of the bladder has been especially to the very extensive report of Leguen and review in detail twenty two cases collected by themselves

Opinion as to the relative frequency of congenital and acquired diverticula has been reversed the

two cases  
ne others

In one  
icula the  
deferens

Diverticula of the bladder especially those of the congenital type occur most commonly in an area just above and to the outside of the ureter where in embryonic life the mesonephric duct enters the cloaca They are rare in the female

lavage were followed by recovery Of six treated  
treated by cystostomy two survived

and the development of a tumor radical urectomy  
should be used whenever possible

ALBERT F DEGROAT MD

Marion and Blanc The Interureteral Bar and  
Lateral Cystography (*Barre interurétrale et  
cystographie latérale*) *J d'u de méd élév* 1925  
xxx 554

In the case reported a rifle ball had entered the  
pelvis at the right ischial tuberosity and emerged  
the receipt of

tween the ureters a bar of such marked density  
that the postero-inferior portion of the bladder was  
concealed from view

In the anteroposterior roentgenogram taken after  
the injection of an opaque solution the bladder was

aid of the X ray

Strassmann P Replacement of a Contracted  
Bladder by Transposition of the Sigmoid Flexure  
(Ersatz einer Schrumpfblase durch Transposition  
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xliv 1122

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the cases he has known prompt recovery resulted and because simple ulcer is generally solitary while the hæmorrhagic spots are multiple.

AUDREY G. MORGAN, M.D.

**Watson, E. M.** The Management of Bladder Tumors Particularly the Inoperable Type. *J. Urol.* 1925, 21, 509.

Benign tumors of the bladder are best treated by fulguration through the cystoscope with the use of a bipolar current. As a certain number of benign tumors recur, Watson implants in the region of the stalk from eight to ten 0.5 mc. seeds of radium emanation.

means of a catheter. He inserted a catheter into the bladder also through the urethra.

The wounds healed by primary intention and the

later, hourly, with a marked

**De Gironcoli, F.** Hæmorrhagic Purpura of the Bladder (Intorno alla porpora emorragica della vesica). *Arch. ital. di urol.* 1925, 1, 632.

The author adds another case of hæmorrhagic

case of large infiltrating malignant tumors are treated with from twenty to thirty radium seeds implanted through the Braasch cystoscopy by means of stiff needles. This is best accomplished by inserting one finger in the rectum. The needles may be introduced also through the perineum.

ALTON OCHSNER, M.D.

## GENITAL ORGANS

**Marion, G.** The Treatment of Genital Tuberculosis in the Male (Du traitement de la tuberculose genitale chez l'homme). *J. d'urolog. méd. et chir.* 1925, 12, 524.

Tuberculous enfilade of the

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In time the inflammation subsides and becomes chronic or continues to abscess formation and fistulization. The vas deferens and the seminal vesicle

incident but the pyuria continued. Further examination revealed a diverticulum of the bladder.

Case 5 The patient suffered from hematuria and pyuria attributed to enlargement of the prostate. Examination showed a vesical calculus in addition to prostatic hypertrophy.

ALBERT F. DEGROAT, M.D.

Salvini P. Immediate and Late Results of Suprapubic Prostatectomy in 180 Patients Operated

1903

operation thorough tamponade was done in one of

In the 180 cases there were thirteen deaths and

rule

ALBERT F. DEGROAT, M.D.

Blanc H. Pyuria Associated with Prostatic Conditions (La pyurie chez les prostatiques) *J. d'urologie* 1925 xxx 506

Hemorrhage

operation thorough tamponade was done in one of

adenoma and the hemorrhage

Another complication of suprapubic prostatectomy is tearing of the membranous urethra. In two cases of the series reviewed in which this occurred a stricture developed later but was overcome by dilatation.

There were two cases of infection in one a phlegmon developed which retarded closure of the fistula

come from the bladder and the urine became dark

Case 3 This was a case of prostatic hypertrophy with intense pyuria. Cystoscopic examination and ureteral catheterization established the presence of

prostatic hypertrophy  
been established  
without

not cause impotence

than 100 c cm

In most of the cases the urine cleared up rapidly

bladder

Of 148 patients re examined or heard from with regard to the late results of the operation 127 had satisfactory micturition. In 119 cases the urine was clear but in nineteen was still turbid. Of eighty five patients examined genital function was excellent in twelve good in forty eight and poor in twenty five. Those with poor function were all over 60 years of age and most of them were over 70 years.

Three patients had calculi after the operation but two of these had a history of stones before the prostatectomy. Four of the patients had incrustated cystitis which Marion thinks may have been due to too early suppression of drainage which left behind small bits of tissue detached from the bed of the prostate.

None of the patients had permanent incontinence of urine a few were unable to retain the urine at first but this was cured by dilatation. In the cases of most of the patients who had a...

was a residue of from 60 to 300 gm. A perfect result cannot be counted on in cases with chronic distention but the condition is very greatly improved by the operation.

While prostatectomy brings about marked improvement in the condition of the bladder it does not arrest an old interstitial nephritis. Two of the patients died several months after the operation from this cause.

The effect produce (by the operation) on the...

Hardoun reports the case of a 68 year old man with hypertrophy of the prostate causing acute retention of urine. In a suprapubic prostatectomy performed under local anaesthesia the prostate was removed easily in two pieces about the size of a hen's egg without any special injury of the bed of the prostate or of the posterior part of the urethra. Recovery was uneventful except that the patient insisted on removing the retention catheter. The patient was discharged from the hospital thirty five days after the operation completely well and with the suprapubic wound entirely closed.

Five months later his previous symptoms re...

finger introduced into the bladder. A sound passed up through the urethra could be felt by the finger in the bladder but was separated from it by a membrane between r and a mm thick. A slight incision was therefore made and by pushing rather forcibly on the sound the new meatus was opened until it admitted the end of the little finger a retention sound being then introduced.

The patient again made a quick and uneventful recovery and to date has had no further recurrence.

When the operation of suprapubic prostatectomy was first described the fear was expressed that it might frequently be followed by stricture of the posterior urethra. This complication has not been as common as anticipated but in 1919 Deroide collected twenty seven cases. In some of these cases the stricture followed a difficult operation with considerable injury of the bed of the prostate or the posterior urethra which may have caused cicatrization. In others however the operation was simple as in the author's case and the development of the stricture could not be explained.

Generally stenosis following suprapubic prostatectomy develops quite late after the operation and causes the discharge of the urine through the bladder wound. The author believes that for the treatment of such a stricture a simple incision such as he performed is preferable to the perineal operation that has been proposed.

AUDREY G MORGAN M D

Walker K M, Kidd F, Leahy M, July J S and Others. Discussion on Sterility and Impotence in the Male. Proc Roy Soc Med Lond 1925 xvii Sect Urol 56.

WALKER stated that sterility in the male ranges from complete azoospermia to mild oligospermia. The most common cause of azoospermia is gonorr...

AUDREY G MORGAN M D



rhoea causing epididymitis and vesiculitis Benzer different types of epithelium islands of cartilage

or its results and an examination of three condom specimens are essential

surgeon

According to Kron sterility is usually due to blockage of the vas deferens or of the epididymis. Operative procedures are not successful. Kidd advocates the German method of testicle puncture and artificial impregnation. Undescended testicles

results were unsuccessful

SWAN reported two cases in which an anastomosis between the vas and the epididymis was done without results. CLAUDE D. PICKRELL, M.D.

Hinman F. Gibson T. E. and Kutzmann A. A. Malignant Tumors of the Testicle. *Ann Surg* 1915 lxxvii 552

stantiated Ewing's theory that in a typical seminoma mixed tissue of various types is to be found

tumor while other teratomata are complex in structure containing numerous cysts lined by

nephric structure

The lymphatic drainage in cases of testicular tumor is into the pre-aortic retroperitoneal lymph nodes. The inguinal nodes are rarely involved but the heart and lungs are involved comparatively early. ALTON OCHSNER, M.D.

# MISCELLANEOUS

Dudgeon L. S. Lepper E. Thomson Walker J. Heath O. and Others. Discussion on Bacterial Infections of the Urinary Tract. *Proc Roy Soc Med Lond* 1913 xvm Sect Urol, 43

DUDGEON discusses a special type of hemolytic bacilli found in over 200 cases of urinary tract infection in which there were only two deaths. The

been normal for several days

Colon bacilli may be divided into the hemolytic and the non-hemolytic types. In many cases of

inflammation

before an abdominal operation is usually a prophylactic measure against infections of the urinary tract

Maybury B C and Dyke S C Some Unusual Manifestations of Spread by Implantation of Papillomata of the Urinary Tract *Brit J Surg* 1925 III 377

Few types of new growth exemplify better the process of spread by direct implantation than papillomata of the urinary tract. The facility with which they spread by the spontaneous dissemination of

matory process but polymorphonuclears were not among the infiltrating cells. However infiltrating cells had collected in large number in the smaller vessels

blood from the smaller vessel that passes into the urine and the stagnation of the polymorphonuclears in these vessels seems to account for their excess in the blood thus passed.

In the authors second case after removal of a

v

i

all three arose from portions of the original tumor accidentally implanted at the first operation. The primary tumor was histologically non malignant but the successive recurrences showed a steady

r

urine and microscopical examinations of the kidney. The pelvic wall revealed a mild and chronic inflam

growth and malignancy of secondary tumors

LOUIS NEUWELT M D

rhora causing epididymitis and vesiculitis Benzer

different types of epithelium islands of cartilage and squamous cells

or its results and an examination of three condom specimens are essential

The point at which tumors of the testicle begin is still unknown Most tumors examined have been so far advanced that most or all of the testicle had been replaced In some, however a narrow margin of

With regard to impotence Walker discusses only cases in which the condition is psychic in nature or of the atonic type The underlying cause is fear This must be overcome Exercise regulation of the diet and moral support are also indicated The psychotherapist should be consulted rather than the surgeon

nephric structure

According to Kinn sterility is usually due to blockage of the vas deferens or of the epididymis Operative procedures are not successful Kinn

The lymphatic drainage in cases of testicular tumor is into the pre aortic retroperitoneal lymph nodes The inguinal nodes are rarely involved but the heart and lungs are involved comparatively early  
ALTON OCHSNER MD

### MISCELLANEOUS

JOLY reported that he had operated upon three cases of sterility due to obstruction but that the

Dudgeon L S Lepper E Thomson Walker J Heath O and Others Discussion on Bacterial Infections of the Urinary Tract *Proc Roy Soc Med Lond* 1925 xviii Sect Urol 43

DUDGEON discusses a special type of bacterial bacilli found in over 200 cases of urinary tract infection in which there were only two deaths The

Hinman F Gibson T E and Kutzmann A A Malignant Tumors of the Testicle *Ann Surg* 1925 lxxvii 552

The authors report twenty two malignant testicular tumors ten of which were diagnosed as teratomata or mixed tumors and twelve as seminomas

stantiated Cwing's theory that in a typical seminoma mixed tissue of various types is to be found

Summing up briefly the authors state that it can now be taken as definitely established that prac

extravasation of infected blood into the abdominal cavity

before an abdominal operation is an important prophylactic measure against infections of the urinary tract

proliferation such as tumors. If this assumption were correct embryonic tissue would be especially active.

Alex G. Morgan M.D.

Knaggs R. L. On Osteitis Deformans (Paget's Disease) and Its Relation to Osteitis Fibrosa and Osteomalacia. *Brit J Surg* 1925 vii 206

Osteitis deformans, a chronic inflammatory disease occurring in middle aged or elderly persons

with a similar destruction of bone there is little or only very slight reformation of bone probably because person with this condition have become debilitated by poverty, privation, anxiety, numerous pregnancies or poor environment. Occasionally there is an apparent recovery from osteomalacia.

Hansen S. Roentgen Diagnosis in Osteitis Fibrosa and Tumors of the Bone System. *Acta radiol* 1925 ix 201

In a case of bone tumor to arrive at a quick decision as to the nature of the tumor

bones are painful. There is no fever.

The type of Paget's disease which affects bone only may have trauma as an exciting cause.

All of the bones affected become enlarged and

osteoma, sarcoma, carcinoma, osteitis deformans and a case report.

Many theories have been advanced with regard to the pathogenesis of the condition. Hutchinson, DaCosta, Funk, Levin, Morpurgo, Archangeli, and Fiocca have ascribed it to infection while Outlinger and Lafont have attributed it to a toxemia due to mineral acids. According to Tourette and Marinello it is of spinal cord origin.

Microscopically there is a very close resemblance between osteitis deformans and osteitis fibrosa. Since the latter is a disease of the first and second decades of life and the former a disease of middle or later life it is possible that a person who is susceptible to the particular toxic influence causing these conditions may have sufficient resistance to stave off osteitis fibrosa in youth but will succumb to osteitis fibrosa in old age.

similarity between the tumors of osteitis fibrosa, epulides and central giant cell sarcoma. Hansen recommends that they be recognized as benign non metastasizing chronic resorptive new formations and hence distinct from true sarcomata.

Kolodny A. The Diagnosis and Prognosis of Bone Sarcoma. *J Bone & Joint Surg* 1925 vii 911

Kolodny draws conclusions based on a careful clinical, roentgenological and pathological study of

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Orr H W Mechanical vs Chemical Methods in  
the Treatment of Wounds of Bone *J Lancet*  
1925 xlv 525

Orr discusses the possibility that the distress caused by frequent antiseptic dressings of infected bone wounds may counteract any benefits to be derived from such dressings. He believes that if the wound is given proper protection and the injured parts are placed at physiological rest the defensive agencies of the body will be sufficient to take care of considerable infection. He describes the technique he uses in infected bone wounds and reports two cases in which it was employed.

JOHN W POWERS M D

Cone S M Activities of Bone Cells *J Bone & Joint Surg* 1925 vii 894

Cone's study of bone cell activity was based on

be brought about only by tissue that is dead or greatly reduced in vitality the newly formed bone and cartilage being due to metaplasia of the fibroblasts of the region stimulated by the presence of the implanted tissue

were grafted

Grafts of fixed tissue from the kidneys lymphatic

the absorption of grafted tissue

While the substances which excite metaplasia

absorbed with difficulty and slowly  
Embryonic tissue grafted after fixation did not seem very active only two positive results being

Andrei O The Production of Bone and Cartilage  
After the Grafting of Fixed and Living Tissue  
(Sulla produzione di osso e di cartilagine in seguito  
ad innesti di tessuti fissi e vivi) *Arch ital di  
chir* 1925 xi 483

From his experiments in grafting Nageotte concluded that new formation of bone and cartilage can

Forbes A M The Infectious Arthritides *Canadian Medical Association Journal* 1925 xv 931

Acute rheumatic arthritis is an infection of young adults which has a latent period of 1-2 weeks

the 'herbivorous' type of person and associated with a high degree of sensitivity

by diet also

Rolleston Sir H The Etiological and Bacteriological Aspects of Rheumatoid Arthritis *British Medical Journal* 1925 ii 589

Ackland W R Aural Sepsis as a Cause of Arthritis *British Medical Journal* 1925 ii 504

Waterhouse R Bacteriological Treatment of Arthritis *British Medical Journal* 1925 ii 595

Osgood R B The Toxin Factor in Arthritis *British Medical Journal* 1925 ii 596

Jones Sir R The Surgical Treatment of Arthritis *British Medical Journal* 1925 ii 597

Munro J M H The Infective Origin of Arthritis *British Medical Journal* 1925 ii 595

Flisher A C T Pathological Types of Chronic Arthritis *British Medical Journal* 1925 ii 599

Willcox Sir W Etiological Factors and Treatment in Arthritis *British Medical Journal* 1925 ii 600

Cawadiaz A Sulphur Metabolism in Arthritis *British Medical Journal* 1925 ii 602

the nature of the infective agent In some cases foci may be present for years without causing the condition

The primary focus may be difficult to find being obscured by secondary foci Anaphylaxis stimulated by showers of toxins is suggested Streptococci appear to be more often responsible than staphylococci

The treatment is primarily preventive namely hygienic living

the importance

ACKLAND states that pyorrheal pockets never drain entirely and that even a healthy gastric juice may not destroy the toxin In cases of arthritis all crowns bridges and dent teeth are to be condemned which the X ray shows trouble from them or not

WATERHOUSE believes that in spite of the more careful eradication of septic foci during the past quarter of a century the incidence of arthritis has increased

the introduction of toxins to the system

the surgery Allergic reactions have been produced with many different types of bacteria It is at least logical to assume that

may be

tion of

for

correct

in a

the acute stage has passed After the acute stage gentle motion may be beneficial The motion a single one through the largest possible arc should be made only once or twice daily Pain should be avoided When painful effusions and villous membranes are diagnosed complete synovectomies are sometimes

arthritis which is curable by the removal of foci (2) atrophic or rheumatoid arthritis occurs in slender Goldthwa hyperthy

twenty five cases of bone sarcoma observed in the Iowa State University Hospital during the ten years between 1915 and 1925. The case histories are reported in detail and the end results noted to date are reviewed.

The head end of bone sarcoma is the

the head end of bone sarcoma is the

be made

Amputation should not be done if there is any doubt as to the presence of malignancy.

ELVEN J. BERKHEIMER M.D.

Willems C. First Report of a Study of the End

the neoplasm so that within a few days the bony shadow of a diffusely and rapidly growing periosteal sarcoma acquires the character of a typical fan like structure.

V 1330

favorable with the increase of cellular and vascularization of the tumor. It is most favorable in cases of central sclerosing sarcomata. The chief factor influencing the prognosis seems to be metastasis through the blood stream. No treatment has served to prevent the formation of metastases.

CHESTER C. SCHNEIDER M.D.

Bloodgood J. C. The Treatment of Bone Sarcoma by Toxins, Radiation, Amputation or Resection. *Am J Roentgenol* 1935 xiv 253.

The author reports a case of sarcoma of the humerus in which toxins were given before and after amputation but metastases developed in the lungs five years later.

Although the roentgen rays and radium have a remarkable effect on certain local growths, Bloodgood has seen only one case in which the shadow of a metastatic pulmonary growth did appear under

displacement and extensive loss of tissue. In most of the cases there was no infection but in five there was purulent arthritis.

In every instance the movement of the joint has remained excellent. In some cases, especially those in which osteophytes have developed, it is a little

better function than would be obtained with an artificial limb.

As in the upper extremity, Bloodgood has not obtained a definite cure by amputation. He usually without exploratory incision as the

without ampu

periarticular exostoses are present but as they have developed outward instead of toward the joint they cause little interference with motion.

Several of the patients have taken up their previous work but some of those with wounded knees

more than a low recompense

AUDREY G. MORGAN M.D.

York - - - - -  
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 Follow - - - - -

turbances of sensation and so far as is yet known without the pathological anatomical basis

No important progress has been made in the

subcutaneous and intravenous inoculations how

intestines are apparently the portals of entry of the bacteria as well as of their excretion. The infection is spread by way of the lymph passages along the nerve sheaths.

Also proving the contagious character of the condition is its tendency to occur in groups of persons to

the bulb the cerebrum and the cerebellum) by lymphocytes and plasma cells (nigrolysis disappearance of the nucleus death of the cell). Parallel with this are neuronophagic processes.

In the incubation period which averages from

is not justified

Attempts at immunization have not been successful. Since the virus is secreted through the mucous membrane of the respiratory passages and the alimentary tract with calomel.

active hyp mustard plasters or cupping glasses are also to be considered. Most important is the prevention of the disease by the quarantine of the sick, suspected cases and attendants, continuous bedside disinfection, terminal disinfection as in other contagious diseases, and the distribution of notices during epidemics.

Brief mention is made of the progress of orthopedic surgery in the prevention of contractures and the cure of the sequelæ of the paralysis. Attention

Carnett J. B. The Calcareous Deposits of So Called Calcifying Subacromial Bursitis. *Surg Gynec & Obst* 1915 21: 404

This article is based on

with and without involvement of the nervous system (2) Landry's paralysis in which death results from respiratory paralysis (3) the bulb form with paralysis of the cranial nerves (4) the ataxic form (cerebellar ataxia) (5) the cerebral form with choreic or athetotic movements and spastic paralysis suggesting a relationship with cerebral infantile paralysis and (6) the polyneuritic form characterized by severe pain but without dis-

roentgenogram shadows of such deposits but thought them due to thickening of the bursa. In the same year Baer reported two similar cases.

Careful observation has shown that the deposits are usually extrabursal. The subacromial bursa is a continuation of the subdeltoid bursa.



necessary When there is a residual limitation of motion osteotomies may be necessary to bring the

tion and relaxation are both active processes accompanied by a great expenditure of chemical energy

Except for a normal automatic action both

the majority of cases gram positive cocci are responsible

neurology

The action of so-called opposing muscles is that of cooperation and is dependent upon reciprocal innervation Paralysis of reciprocal innervation results in spasticity

Barrow J V and Armstrong E L Intestinal Protozoa and Chronic Diseases with Especial Reference to Chronic Arthritis *J Iowa State M Soc* 1925 XV 553

Protozoal infections are widespread not being

nervous impulse A change is brought about by electrochemical means The muscle fiber undergoes no change of volume Contract

is pathognomonic With practice the protruding body of the fifth lumbar vertebra partly overhangs

vertebral column the defect may not produce any pathological signs or symptoms of functional disorder of the spine

DANIEL H LEVINTHAL M D

Serier C E Heliotherapy with Especial Reference to Spinal Tuberculosis *J Am M Ass* 1925 lxxxv 791

The author calls attention to the fact that extrapulmonary tuberculosis is a general disease with local manifestations Therefore treatment to improve the general health is imperative

Roilier heliotherapy includes not only exposure to the sun's rays but also fresh air nutritious food rest prolonged immobilization and the correction of any deformity that may be present

The exposure of the body to the sunlight must be gradual and the amount of exposure must be determined according to the requirements of the particular case

ELVEN J BERNHEIMER M D

Adams J D and Leonard R D A Developmental Anomaly of the Patella Frequently Diagnosed as Fracture *Surg Gynec & Obst* 1925 xli 601

In the literature and the authors' cases the anomaly was constant in its X-ray appearance The portion of the patella involved is always the outer and upper quadrant This may consist of one or two separate fragments The general contour of the patella is not distorted The borders of the fragment are of cortical bone and its body of the same structure as the patella Between the fragments there is a definite space In the great majority of cases the anomaly is bilateral A similar anomaly has been found in one of the sesamoid bones beneath the head of the first metatarsal

In the differential diagnosis between the anomaly described and fracture the difference in the outline of the fragments must be borne in mind In the anomaly the outline is smooth and is formed as stated by cortical bone while in a fracture the edge is serrated Fractures seldom occur in the upper and outer quadrant and have a different clinical history The anomaly is usually bilateral while fracture is more commonly unilateral The differential diagnosis may be made from a roentgenogram

The authors conclude that anomalies of the patella are more common than is generally supposed Of a

series of sixty three cases diagnosed as fractures of the patella in the course of a year 3 per cent were found to be cases of congenital anomaly

The article is illustrated with five cuts

JOHN W POWERS M D

McCafferty L K and McCarthy C L X-Ray Treatment of Callosities and Verruca Plantaris *J Bone & Joint Surg* 1925 viii 883

The authors report upon twenty seven cases of callus in which a cure was obtained by X-ray treatment in 85 per cent and twelve cases in which a cure was obtained in 91 per cent

some cases as many as four treatments have been necessary Proper orthopedic measures are taken to eliminate the causative factor

In the treatment of verrucae the contiguous skin is carefully shielded with lead foil and an initial dose of 1½ skin units unfiltered is given This dose is then repeated at intervals of one month At the end of two months it is often possible to lift the wart out of its bed If it is associated with callus further treatments may be necessary

Similar results may be obtained with radium in these cases

CHESTER C SCHNEIDER M D

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS ETC

Albee F H Reconstruction and Plastic Operations on the Hip *J Am M Ass* 1925 lxxxv 1345

The development of bone transplantation has extended the field of joint surgery to include the hip joint Up to the beginning of the last decade operations on the hip were generally avoided and it was

T-5

The symptoms of calcareous deposits are pain and fixation of the shoulder. The pain radiates down to the lower half of the deltoid muscle or from the neck to the hand. It may be as acute as that of renal or

Turner H. and Tchirkin N. Spondylolisthesis  
*J. Bone & Joint Surg.* 1923, VII 763

anterolateral aspect of the arm. A small area of

floor is incised and the deposit removed with a

hand

the lower part of the spinal canal being the latest to ossify is very often the site of morphological

deformity of the normal vertebra resulting when prolonged physiological strain have been proved untenable

The slipping forward of the anterior part of the fifth lumbar vertebra is associated with a sagittal

angulation instead of an exaggerated lumbar curve. It is felt just above the first spinous process of the

sign

TCHIRKIN believes that a compensatory prominence of the first lumbar vertebra a slight kyphosis

ata and purgatives. In some cases because of the natural accommodating defensive mechanism of the vertebral column the defect may not produce any pathological signs or symptoms of functional disorder of the spine.

In conclusion the authors state that it is doubtful whether operative measures can aid conservative treatment in alleviating the symptom and arresting the progress of the condition.

DANIEL H. LEVINTHAL M.D.

Sevier C. E. Heliotherapy with Especial Reference to Spinal Tuberculosis. *J. Am. M. Ass.* 1915 LXXXIV 791.

Neither heliotherapy includes not only exposure to the sun's rays but also fresh air, nutritious food, rest, prolonged immobilization, and the correction of any deformity that may be present.

The exposure of the body to the sunlight must be gradual and the amount of exposure must be determined according to the requirements of the particular case.

ELLEN J. BEBLER M.D.

Adams J. D. and Leonard R. D. A Developmental Anomaly of the Patella Frequently Diagnosed as Fracture. *Surg. Gynec. & Obst.* 1925 XLII 601.

Adams and Leonard report three cases of developmental anomaly of the patella in which a diagnosis of fracture was made.

In the cases reported in the literature and the

borders of the fragment are of cortical bone and its body of the same structure as the patella. Between the fragments there is a definite space. In the great majority of cases the anomaly is bilateral. A similar anomaly has been found in one of the sesamoid bones beneath the head of the first metatarsal.

In the differential diagnosis between the anomaly described and fracture the difference in the outline

and outer quadrant and have a different clinical history. The anomaly is usually bilateral while fracture is more commonly unilateral. The differential diagnosis may be made from a roentgenogram. The authors conclude that anomalies of the patella are more common than is generally supposed. Of a

McCafferty L. K. and McCarthy C. L. X-Ray Treatment of Callosities and Verruca Plantaris. *J. Bone & Joint Surg.* 1925 VII 883.

The authors report upon twenty-seven cases of callus in which a cure was obtained by X-ray treatment in 85 per cent and twelve cases in which a cure was obtained in 91 per cent.

given at intervals of thirty days unless there is some contra-indication. The dose is usually the same but may be diminished or increased on indication. In some cases as many as four treatments have been necessary. Proper orthopedic measures are taken to eliminate the causative factor.

In the treatment of verrucae the contiguous skin is carefully shielded with lead foil and an initial dose of 15 skin units unfiltered is given. This dose is then repeated at intervals of one month. At the end of two months it is often possible to lift the wart out of its bed. If it is associated with callus further treatments may be necessary.

Similar results may be obtained with radium in these cases.

CHESTER C. SCHNEIDER M.D.

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS, ETC.

Atbee F. H. Reconstruction and Plastic Operations on the Hip. *J. Am. M. Ass.* 1915 LXXXV 1345.

The development of bone transplantation has

was adopted that any progress was made in hip

In fractures of the femoral neck the author is now performing the reconstruction operation more frequently than the bone peg operation. The former is applicable especially to cases of non-union with

proach the capsule incised the detached head

The symptoms of calcareous deposits are pain and fixation of the shoulder. The pain radiates down to the lower half of the deltoid muscle or from the neck to the hand. It may be as acute as that of renal or

the pain will recur

Shoulder motion is limited chiefly in abduction

beneath the acromial process on the anterior or anterolateral aspect of the arm. A small area of

Turner H and Tchirkin N. Spondylolisthesis.  
*J Bone & Joint Surg* 1923, vii 763

Spondylolisthesis slipping of the vertebra occurs more frequently than has hitherto been supposed. Many such cases have been erroneously diagnosed as traumatic or tuberculous spondylitis.

curette. In the more recent cases the bursal sac has not been sutured but has been drained for twenty-four hours with a rubber tube.

After the operation motion is encouraged from the first day and on the fourth day the patient begins active abduction by creeping up a wall with the hand.

deformity of the normal vertebra resulting from prolonged physiological strain have been proved untenable.

The slipping forward of the anterior part of the fifth lumbar vertebra is associated with a sagittal

apparent shortening of the trunk, a transverse row encircling the trunk across the loins, and a definite hollow in the lumbar region. The hollow is an

sign

TCHIRKIN believes that a compensatory prominence of the first lumbar vertebra, a slight kyphosis,

while to try non operative methods for a period of three months. These should consist in voluntary movements with protection of the fracture by splints passive congestion with massage and the injection of blood or blood products into and around the fracture.

Operative treatment must be guided by a con

In seven cases dislocation has occurred once since the operation and in one case twice. In two cases the operation failed.

In ten of the eighteen epileptic cases there was no recurrence of the dislocation after a single capsular raphy. In two cases it recurred after two capsular raphies.

JOHN W. POWERS M.D.

W. J. ... ..  
1  
1

The author discusses various methods of promoting bony union.

Causes of failure of operative treatment are inade

an

operation and excessive tension

FREYONT A. CHADLER M.D.

Thomas T. T. Recurrent Dislocation of the Shoulder. *J. Am. W. 1st* 1923 LVIII 1202

Normal abduction of the shoulder is limited by the axillary portion of the joint capsule. The cause of

five others three showed perfect results one a moderately good result and one a poor result. The objection that the opening of the joint increases the danger of infection is contradicted by the fact that in all of the cases primary healing occurred. Resorption of the freely transplanted fascial strip which was feared by Schmieden did not occur in a single instance. In Wuefeling's opinion the danger of arthritis deformans which has been attributed to the procedure does not exist. The Joseph method is therefore to be recommended for further use.

HIRSCH (Z)

Dickson F. D. The Davis Method for the Reduction of Congenital Dislocation of the Hip. *J. Bone & Joint Surg* 1925 VII 873

D. I. ... ..

Davis method is as effective as any of the generally accepted procedures and that it is associated with less danger of producing a fracture of the femur than

position for four or five weeks the capsule will be greatly strengthened by the new cicatricial tissue develop

ment

these downward thrusts are made on the

removed from the acetabulum the proximal end of the neck rounded and the greater trochanter frac

tion of a good muscle lever when union between these fragments is complete After the operation a long spica is worn for six weeks and at the end of that time weight bearing is encouraged

In old congenital dislocations excess trauma of the head should be avoided In many such cases the construction of a new acetabulum should be undertaken instead of replacement of the dislocated femoral head

time Firm bony union was obtained after an average of seven months

The authors draw the following conclusions

A positive diagnosis can be made only by a puncture and guinea pig inoculation or exploratory operation

It is doubtful whether any tuberculous knee can be cured with mobility

A conservative course of treatment is early fusion by operation This may be done as early as the sixth year without disturbing the growth of the lig

FREMONT A CHANDLER M D

## FRACTURES AND DISLOCATIONS

Yates J L and Stevens G W Active Motion in the Treatment of Fractures *Ann Surg* 1925 1xxxi 617

here as little as possible with the

contains a number of case reports and roentgenograms

JOHN W POWERS M D

Hey Groves E W An Address on Ununited Fractures *Lancet* 1925 cccv 33

Non union may be due to mechanical or vascular causes or to disease Mechanical causes include a gap between the bone ends unrestricted mobility

ends Diseases causing non union are infections and new growths such as fibrocystic disease myeloma sarcoma and carcinoma

2 Pseudarthrosis bone ends eburnated and covered with fibrocartilage a joint cavity with capsule and synovial fluid between the ends of the bones

of bone lost and the

The

in six months

orth

none has shown any evidence of a

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orth

Hibbs R A and Von Lackum H L The Treatment of Knee Joint Tuberculosis *J Am Orth* 1925 lxxxi 1289

The author review the end results in seventy seven cases of tuberculosis of the knee which were treated in the country branch of the New York Orthopedic Dispensary and Hospital in the period from July 1904 to July 1921 The average duration

spasm or symptoms of active disease had disap

began was 4 years

There was no evidence that trauma other than that

none has shown any evidence of a

# MISCELLANEOUS

## CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Wood F C Immunity in Cancer *J Am Med Ass* 1925 lxxxv 1039

For years it has been noted that human sarcoma and carcinoma disappear spontaneously or after incomplete removal. This is true especially of tumors which resemble sarcoma but are difficult to differentiate from the infectious granulomata. The fact that some of these regressions were coincident with bacterial infection led to the use of Coley's fluid but this was found ineffectual against carcinoma.

It seems evident that the primary tumor cells are closely related to the tissues of the host and are neither more nor less susceptible to immunization than the tissues of the body. However, when scar-

atized or squamous cell epithelioma about the face after a cure has been obtained with caustics. The low malignancy of tumors in old persons is due to the decrease in metabolic activity which occurs with age.

Radiation therapy was at first believed to cause direct destruction of the tumor cells but further investigation seemed to show that the body itself

has shown, however, that an increase in the lymphocytes both local and general does not create an immunity to the tumor cells. Experiments with

growth of a tumor and the development of metastasis depend upon a favorable blood supply.

The author is of the opinion that the capacity of the body to produce immunity against cancer has

## GENERAL BACTERIAL PROTOZOAN AND PARASITIC INFECTIONS

Mills H W The Surgical Treatment of Echinococcosis *Med J & Rec* 1925 cxvii 407 460

The treatment of echinococcosis is essentially surgical except in cases of parabranchial cysts in which expectant treatment is indicated. The type of operation depends upon the organ involved and whether the cyst is of the suppurating or non suppurating type.

Seventy <sup>c</sup> - - -  
liver In s  
total extir  
pedunculat

enucleated. The two procedures used in hydatid cysts of the liver are the following:

1. The operation of Posados which consists in incision, the removal of the cyst contents and membrane, thorough drying of the cavity, excision of the redundant cyst wall and tight closure without drainage. The suture line is attached to the abdominal wall. This treatment is sometimes used even in suppurative cases.

2. Marsupialization and drainage. This is the accepted treatment for frankly suppurating and for large complicated cysts. Its disadvantages are that it is followed by a prolonged convalescence and is associated with suppuration and the danger of post-operative hernia.

In the liver, the - - -

1

"In the spleen the - - -

1



flexion and extension of the hip in the abducted

Cole W H Compensatory Lengthening of the  
Femur in Children After Fracture *A u surg*  
1925 LXXIX 609

On the basis of thirty-one cases previously re

in plaster of Paris in the right angle position or as  
near this position as the stability of the reduction  
will permit

The after treatment is carried out according to

author's opinion the latter is the more accurate of  
the two

Four cases are reported

JOHN W POWERS M D

For some years investigations of various serological reactions have been carried out at the Walter and Eliza Hall Institute. The most important of

5 The treatment of simple cysts by the French method of injecting formalin before opening rests on a sure foundation but is much less rational in cases with daughter cysts. The laminated membrane of these cysts is relatively impermeable and

specific hemolysis. The test is quantitative and probably gives a fair indication of the amount of

6 In the treatment of hydatid of the liver any

tion such as rupture or operative interference in variably raised the amount of complement fixed and in practically all of this type of case positive results were obtained. In the cases of children in whom daughter cyst formation is very rare it was noted that absence of a reaction was the rule. This association of a high percentage of positive results with

in this article

The observations recorded and a study of daughter cyst formation lead Dew to emphasize the following points

1 The occurrence of daughter cysts in hydatid disease means that there has been some complication in the cyst. It follows that the pathology the symptoms

occur

7 The presence of omental hydatids especially if they are multiple should at once lead to an ex-

these cases a history of abdominal pain should be sought

8 Whenever an intrathoracic cyst is found to

3 is

3 Hydatid germinal membrane has a remarkable persistence and power of growth. Simple puncture of a simple cyst not only cannot be relied upon to effect a cure but may be followed by recurrence and a seco

4 soon danger the child well

alymmal and must be regarded as an expression of the activity of the germinal cells of the parasite which when they find their vitality menaced and continued production of scolices impossible react

Five and two tenths per cent of hydatid cysts

be the production of brood capsules and not such a phenomenon as the formation of daughter cysts in which brood capsules are often few. The age of the cyst alone does not necessarily determine daughter cyst formation as very large cysts of many years

adopted

In the peritoneal cavity hydatid cysts are usually secondary to cysts in the liver and spleen. Multiple operations are necessary in this location and the

ureterage may suffice

operative interference

2. Chemical traumas due to the entry of bile urine or similar secretions into the potential space between the cyst and the adventitious capsule or into the cyst itself

3. Infective processes due to bacterial invasion of the potential space between the cyst and the adventi-

Dew H R. Daughter Cyst Formation in Hydatid Disease. Some Observations on its Causation and Effects. *M d J Australia* 1925 ii 497

the cyst

Hepatic pulmonary omental abdominal kidney subcutaneous muscle and heart cysts are discussed

cysts or grand daughter cysts

The reason for the formation of daughter cyst is still obscure

This article is an attempt to correlate a number of observations made by Dew during the past two years in a study of a large number of cysts removed at operation by his colleagues and himself at the Melbourne Hospital

Dew states that the phenomenon of daughter cyst formation is not universal and not necessarily biologically being an atypical and more or less accidental development

The belief that there are two distinct parasites has been proved incorrect by a great deal of direct experimental work and pathological and clinical evidence

It was not only dangerous but did not always lead to the death of the parasite. Recurrence many years after tapping has often been reported

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in this way the reaction being a purely defensive one to insure the carrying on of the species

CARL R. STEINKE M.D.

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or possibly even the second lumbar nerve on the diseased side. Anesthesia of the third and fourth lumbar nerves was necessary also only when there was involvement of the lower portions of the ureter

differentiated by paravertebral injections but of course only with proper consideration of other clinical findings

of urine

always the conductors of pain

In the case of the pancreas the chief conductor of pain is the eighth left dorsal segment when the disease is confined to the gland alone. In other cases several segments on both sides are involved.

Patients with renal disease were relieved of pain after injections of the twelfth dorsal and first lumbar

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## MISCELLANEOUS

## Clinical Entities—General Physiological Conditions

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## General Bacterial Protozoan and Parasitic Infections

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W M

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anæsthetics by their application to the sciatic nerve trunk  
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on the sciatic nerve of the frog O. V. PAWLISCH. J Lab  
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## PHYSICOCHEMICAL METHODS IN SURGERY

## Roentgenology

Roentgen treatment of glandular tuberculosis. P

1

432

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benign neoplasms with X rays and high frequency currents.  
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## Radium

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## Miscellaneous

- Physical therapy C. P. EMERSON J Indiana State Med Ass 1925 cxviii 407  
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## Clinical Entities—General Physiological Conditions

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APRIL 1926

# International Abstract of Surgery

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## CONTENTS

I. Index of Abstracts of Current Literature	iii
II. Authors	ix
III. Editor's Comment	x
IV. Abstracts of Current Literature	259-321
V. Bibliography of Current Literature	322-344

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# CONTENTS—APRIL, 1926

## ABSTRACTS OF CURRENT LITERATURE

### SURGERY OF THE HEAD AND NECK

<b>Head</b>	
DIXON O J A Departure in the Management of Infections of the Sigmoid Sinus	259
<b>Eye</b>	
PARTON J M Ocular Protection for Laboratory Workers	259
DUANE A Subnormal Accommodation	259
EDMUND C and MOELLER H U Vision in Light of Reduced Intensity	259
FRASER J S Intranasal Dacryocystostomy	260
WHERRY W B Acriflavine for Gonorrheal Ophthalmia	260
REISE A B Melanosis Oculi	260
ZIMMERMAN E L The Treatment of Tabetic Optic Atrophy	260
HOLLOWAY T B Some Comments Concerning the Relationship of Tuberculosis to Certain Fundus Changes with Especial Reference to Serpiginous Retinitis	260
NEUME H and WOLFF E Endothelioma of the Optic Nerve	261
<b>Ear</b>	
FOWLER E P Fundamentals of Bone Conduction	261
LOVE J K O'VALLEY J T MOLLISON W M TILLEY H and Others Discussion on Artificial Aids to Hearing	261
CHESLUM J J and SUTTON A C Otitomycosis Report of Nine Cases Treated with Potassium Iodide	261
GALLOWAY T C Insulin in Diabetes with Maculodystrophies	262

### Nose and Sinuses

BROOKE C R Ultraviolet Rays in Nasal and Oral Conditions	62
RAFFO E The Compensance of Sinusitis and Bronchiectasis	62
GORTLIF M J The Significance and Prevention of Blindness Due to Intranasal Disease	262

### Mouth

THOMSON M J An Experimental Study of the Streptococcus in the Mouth and Alveoli	63
LIMBERG A The Treatment of Open Bite by Means of a Plastic Osteotomy of the Ascending Ramus of the Mandible	263

### Pharynx

NEUGHS V E Evolutionary Factors in the Production of Pharyngeal Diverticula	63
LEMERE H B Adenoids and the Pharyngeal Bursa Their Structure and Morphology	263
HUTCHIN E H The Technique of the Tonsil Operation	263
<b>Neck</b>	
FLISE J E Adenomatosis of the Diffuse Adenomatous Goiter	264
HABERT H C The Management of Cases of Colloid Goiter	64
HYMAN H T and KESSEL L Exophthalmic Goiter and the Involuntary Nervous System	264
RIENHOFF W F Jr The Histological Changes Brought About in Cases of Exophthalmic Goiter by the Administration of Iodine	264
MACLEAN N J Observations on the Treatment of Goiter	265
SCAL J C Hypertrophied Thyroids Treated with Radium	65
PENBERTON J DE J Surgical Treatment of Diseases of the Thyroid Gland	265
TIFFIN C C Some Experiences in Local Anesthesia in Goiter Surgery	265
JACKSON A S Thyroidectomy under Local Anesthesia	265
HIGGINS W H Incipient Hypothyroidism	266
BURGER H Speech Without a Larynx	266
BROWN R G A Simple But Effective Artificial Larynx	266

### SURGERY OF THE NERVOUS SYSTEM

#### Brain and Its Coverings Cranial Nerves

MICHAEL D The Therapeutic Value of Lumbar Puncture in the Treatment of Cranial and Intracranial Injury	67
KROGUS A Air in the Ventricles of the Brain After a Basal Fracture	267
LECONNER F R and GUY C C The Clinical Differentiation of Spontaneous Intracerebral Hemorrhage and Uremia A Fourth Study of Conn's	267
SMITH S M Three Cases of Otic Brain Abscess	268
RICHARDSON C H Jr Intracranial Injuries in the Newborn	295





- SCHLEGEL A Surgical Degenerative Diseases of the Pancreas A Study of Forty One Cases 284

## GYNECOLOGY

## Uterus

- IVENS F ANDREWS H R and PARAMORE R H Surgery in the Treatment of Backward Displacement of the Uterus 286
- STRACHAN G I The Pathology and Treatment of Erosion of the Cervix 287
- BONNEY V Myomectomy as the Treatment of Election for Uterine Fibroids 287
- SPALDING A B The Mortality Rates of Carcinoma of the Uterus in California 288

## Adnexal and Peruterine Conditions

- RUBIN I C The Diagnostic Value and Therapeutic Application of Per Uterine Insufflation of the Fallopian Tubes in Cases of Sterility 289
- SOMMERS A Intraperitoneal Hemorrhage from the Non Gravid Fallopian Tube 289
- NORRIS C C and VOGT M E Malignant Ovarian Neoplasms 290

## External Genitalia

- SCOTT S A C — C 290
- 291

## Miscellaneous

- SCHMITZ E F Bladder Fistula in Gynecology and Obstetrics 291
- KEEFE F E Perforating Ovarian Cysts (Sampson's) with Invasion of the Bladder Wall Report of Two Cases 291
- HEANEY N S Adenomata of Endometrial Origin in the Laparotomy Scars Following Incision of the Pregnant Uterus 291
- DANTORTH W C Adenomyoma of the Abdominal Wall 291
- SAMPSON J A Heterotopic or Misplaced Endometrial Tissue 291
- GRAVES W P Th R I A B C 291

- 291 The General Position and Treatment of Inoperable Cancer of Female Pelvic Organs 292
- DONALDSON M The Organization of a Cancer Service 292
- FORSYTHE S Radium Treatment in Advanced Cancer of the Cervix 292

## OBSTETRICS

- Pregnancy and Its Complications 292
- WILLIAMS J T Pyelographic Findings in Pylitis Complicating Pregnancy 294

- KYNOC H A Abdominal Pregnancy Secondary to Tubal Gestation at Term with Notes of a Case 294

## Labor and Its Complications

- BETTMANN E A Case of Spontaneous Separation of the Portio Vaginalis After the Introduction of a Turner Bag 294
- HENDRY J The Mobility of the Uterus as a Factor in the Care of the Third Stage of Labor and in the Control of Postpartum Hemorrhage 295

## Newborn

- RICHARDSON C H JR Intracranial Injuries in the Newborn 295
- SHARPE W and MACLAIRE A S Further Observations of Intracranial Hemorrhage in the Newborn 296

## GENITO URINARY SURGERY

## Adrenal Kidney and Ureter

- WILLIAMS J T Pyelographic Findings in Pyelitis Complicating Pregnancy 294
- 297
- 297
- 297
- HINMAN F and HEFLER A B Experimental 297

- 298
- 299
- 299
- 299
- 300
- 300

## Bladder Urethra and Penis

- HAGER B H and MACARTHUR T B The Etiology of Incrusted Cystitis with Alkaline Urine 300
- SWAN R H J Some Reflections upon Villus Covered Tumors of the Urinary Bladder 300
- KIM F Note on a Cystoscope of a New Type Designed for the Application of Diathermy to Bladder Tumors 301

## Genital Organs

- BUMPTIS H C JR Radium and the Roentgen Ray 301

- 302
- 302
- 302

## Spinal Cord and Its Coverings

- MACLAURE A S Lipiodol in Neurosurgery with a Report of a Case with Deleterious Results 268

## Sympathetic Nerves

- PENFIELD W The Neurological Mechanism of Angina Pectoris and Its Relation to Surgical Therapy 268
- SCHOENBAUER L and WHITAKER L R Experimental Studies on the Influence of the Sympathetic Nervous System on Wound Healing with Special Regard to Traumatic Lesions of the Stomach 269

## Miscellaneous

- PURVES STEWART SIR J Triple Puncture Lumbar Cisternal and Ventricular 69

## SURGERY OF THE CHEST

## Chest Wall and Breast

- JUDD E S and MORSE H D Carcinoma of the Male Breast 271

## Trachea Lungs and Pleura

- RAFFO E The Concomitance of Sinusitis and Bronchiectasis 262
- PINCOPPS M C Abscess of the Lungs 272
- KLINE B S and BERGER S S Spirochetal Pulmonary Gangrene 271
- LEMON W S A Clinical Survey of Thirty Cases of Proved Tuberculosis of the Pleura 271

## Heart and Pericardium

- ANDERSON G H Cardiac Factors in Surgical Indications 314

## SURGERY OF THE ABDOMEN

## Abdominal Wall and Peritoneum

- DUGUET and CRAVELIN Eight Cases of Tuberculous Peritonitis Treated with the Ultraviolet Rays 273
- ARNETT A C The Surgical Treatment of General Peritonitis 273

## Gastro-Intestinal Tract

## Stomach

- MOORE A B and MARQUIS W J The Roentgenological Diagnosis of Gastrojejunal Ulcer 273
- EINHORN M The Diagnosis and Treatment of 274

- SHEKREN J Gastric Jejunostomy 273
- LEWISOHN R and FELDMAN R H The Effect of Gastro-Enterostomy on Gastric Acidity 276
- GOEPFEL R The Cuff Operation in Peptic Ulcer 276

- WHEELER SIR W I DEC Diagnostic Methods on Carcinoma of the Stomach 276
- SPENCER E I The Clinical Manifestations and the 276
- HUR 276

- STEWART M J The General Relation of Carcinoma to Ulcer 276
- HABERER H VON The Sequelae of Operations on the Stomach 278
- TAYLOR SIR W The Treatment of Primary Acute Intestinal Obstruction 278
- HANDLEY W S The Importance of Early Diagnosis and Operation for Acute Intestinal Obstruction 278
- WILKIE D P D Types of Intestinal Obstruction 278
- FISHER A O The Surgical Treatment of Mesenteric Tuberculosis 279

- BROWN T R Some Observations on Chronic Ulcerative Colitis 280
- RIENHOFF W F JR The Surgical Treatment of Chronic Ulcerative Colitis by Ileostomostomy 280
- BUTE L A A Technique for the Removal of Hemorrhoids 281

## Liver Gall Bladder Pancreas and Spleen

- CHILE G W Problems Relating to the Liver and Biliary Ducts 281
- McCLURE C W HUNTSINGER M E and MONTAGUE O C Studies in Liver Function III Methods for Determining the Furofuro Number and the Bilirubin Concentration of the Duodenal Contents 281
- McCLURE C W MENDENHALL W L and HUNTSINGER M E IV A Procedure for the Vasoform Stimulation of the Biliary Flow 282
- McCLURE C W HUNTSINGER M E and GORTLIEB J V Clinical Observations on the Evaluation and Treatment of Disturbed Liver Functions 282
- SHATTUCK H F The Clinical Use of Liver Function Tests The Icterus Index and Rowntree Rosenthal Serum Dye Test 283
- COTTE G Exploration of the Biliary Tract by Means of Lipiodol in Cases of Fistula 283
- NISSEN R An Adjuvant in Cases of Chronic Biliary Fistula 284

BUMPUS H C Jr Radium and the Roentgen Ray in the Treatment of Sarcoma of the Prostate	301	KIDD F Note on a Cystoscope of a New Type Designed for the Application of Diathermy to Bladder Tumors	301
BRAASCH W F Errors in the Interpretation of	303		
Cut			
	304		
COLF R and KLINGENSTEIN P A Roentgen Ray Study of the Injected Knee Joint	309	MISCELLANEOUS	
DUVN L The X Ray as a Diagnostic Aid in Cases of Hemangioma	312	Clinical Entities—General Physiological Conditions	
DESJARDINS A U Common Misconceptions in Radiotherapy	316	BLAISDELL F E The Osteogenetic Function of the Periosteum	306
AMUNDSEN P Roentgen Treatment of Glandular Tuberculosis	316	ROSE E Dangerous Late Sequelae of Paraffin Injections	318
		SHIRO A Bilateral Spontaneous Gangrene of the Lower Extremities and a Contribution on the Pathology of the Condition	318
		CRAMER W The New Outlook on Cancer	318
		BLACK BELL W The Specific Character of Malignant Neoplasia with Special Preference to the Control of Cancer from This Standpoint	318
		DUBLIN L I KOFF E W and VAN BUREN G H Cancer Mortality Among Insured Wage Earners and Their Families 1911 to 1922	319
Radium			
SCAL J C Hypertrophied Thyroids Treated with Radium	265	Ductless Glands	
HEYMAN J Radiological Treatment of Inoperable Cancer of the Female Pelvic Organs	292	ABEL J J Some Recent Advances in Our Knowledge of the Ductless Glands	321
FORBES S Radium Treatment in Advanced Cancer of the Cervix	292		
BUMPUS H C Jr Radium and the Roentgen Ray in the Treatment of Sarcoma of the Prostate	301	Surgical Pathology and Diagnosis	
HANDLEY W S The Encirclement Method of Using Buried Radium Tubes	317	SWATTUCK H F The Clinical Use of Liver Function Tests The Icterus Index and Rowntree Rosenthal Serum Dye Test	283
		SCUDDER S A A Comparative Study of the Value of Stained Smears and Cultures in the Diagnosis of Gonorrheal Proctitis	290
Miscellaneous		OCKERBLAD N F Further Studies in the Application of the Creatinin Kidney Function Test	297
BROOKE C R Ultraviolet Rays in Nasal and Oral Conditions	263		
DUBOIS and CLAVELIN Eight Cases of Tuberculous Peritonitis Treated with the Ultraviolet Rays	273		

### Miscellaneous

- |   |     |
|---|-----|
| LECOUNT E R and GUY C C The Clinical Differentiation of Spontaneous Intracerebral Hemorrhage and Uremia A Fourth Study of Conn  | 267 |
| MATHÉ C P The Present Day Status of Urology in Europe   | 303 |
| BRAASCH W F Errors in the Interpretation of Urographic Findings   | 303 |
| CRUTE A L The Difficulty in Distinguishing Between the Radiographic Appearance of Urinary Stones and Calcified Abdominal Glands | 304 |
| BRAASCH W F The Recognition and Treatment of Urinary Infection  | 304 |
| STEVENS A R Indications for Surgery in Gonorrhea in Men   | 304 |
| BUOBER H G Multiple Stage Operations in Urological Surgery  | 305 |

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS

- | Conditions of the Bones | Joints  | Muscles | Tendons | Etc |
|-------------------------|---|---------|---------|-----|
| BLAISDELL F E           | The O teogenic Function of the Periosteum                             |         |         | 306 |
| MAC KINNON A P          | Osteomyelitis Its Treatment with Special Reference to the Use of B pp |         |         | 306 |

- |                            |   |     |
|----------------------------|---|-----|
| Noble T P and Frawley J M  | The Nipple Feil Syndrome  | 300 |
| Gauvain Str H              | Conservative Treatment of Tuberculous Disease of the Spine          | 307 |
| Girdlestone G R            | Operations for Spinal Fixation                                      | 307 |
| Berry J M                  | Painful Conditions in the Lumbar Lumbosacral and Sacro-Diac Regions | 308 |
| MacAulay H F               | Perthes Disease   | 308 |
| Key J A                    | The Non Tuberculous Hip of Early Life II In Childhood               | 308 |
| Colv R. and Klingenstein P | A Roentgen Ray Study of the Injected Knee Joint                     | 309 |
| Ollershaw R                | Observations on Osgood Schlatter Disease                            | 309 |

## Surgery of the Bones Joints Muscles Tendons Etc

- |              |   |     |
|--------------|---|-----|
| PYLES R. H.  | The Correction of Flexion Adduction and Internal Rotation Deformities of the Lower Extremities Resulting from Cerebral Palsy of Childhood | 310 |
| CERILLOS     | Arthroplastic Operations for Ankylosis of the Knee  | 310 |
| ABBOTT L. C. | The Treatment of Congenital Club-Foot   | 310 |

### Fractures and Dislocations

- LITTLE E. M. A New Method of Fitting Artificial  
Leg Sockets 117

## SURGERY OF BLOOD AND LYMPH SYSTEMS

### Blood Vessels

- |                             |  |     |
|-----------------------------|--|-----|
| WERNSTER F                  | A Statistical Contribution to<br>Thrombosis and Pulmonary Embolism as<br>Regard to the Trendelenburg Operation | 312 |
| FLETCHER A W and MARTIN C E | Fat Embolism   | 313 |
| DUYEN L                     | The X Ray as a Diagnostic Aid in Cases of<br>Hemangioma  | 313 |

### Blood Transfusion

- STRAUSS A A Blood Transfusion by the Direct  
Syringe Cannula Needle Method Its Appli-  
cation in Major Surgery 35

### Lymph Vessels and Glands

- AMUNDSEV P Roentgen Treatment of Glandular Tuberculosis

### SURGICAL TECHNIQUE

### Operative Surgery and Technique Postoperative Treatment

- |                         |   |     |
|-------------------------|---|-----|
| ANDERSON G H            | Cardiac Factors in Survival Indications         | 314 |
| DAVIS J S and TRAUT H F | The Blood Supply of Whole Thickness Skin Grafts | 314 |

## Antiseptic Surgery Treatment of Wounds and Infections

- Top
- 5x

## Amethusa

- DUFFIN C C** Some Experiences in Local Anesthesia in Gutter Surgery 167  
**JACKSON A S** Thyroidectomy under Local Anesthesia 168  
**LUMBY J S** Carbon Dioxide as an Aid in General Anaesthesia 171

## PHYSICO-CHEMICAL METHODS IN SURGERY

## Roentgenology

- |  |     |
|--|-----|
| Complicating Pregnancy                         | 294 |
| OSMAN M C Renal Renography During<br>Operation | 299 |

## AUTHORS

## OF THE ARTICLES ABSTRACTED IN THIS NUMBER

- Abbott L C 310  
 Abel J J 321  
 Amundsen P 316  
 Anderson G H 314  
 Andrews H R 280  
 Arnett A C 273  
 Bagen J A 280  
 Berger S S 271  
 Berry J M 308  
 Bettmann E 294  
 Blair Bell W 318  
 Blau dell F G 306  
 Bonney V 287  
 Braasch W F 301 304  
 Brooke C R 26  
 Brown R G 266  
 Brown T R 280  
 Bu bee H G 305  
 Buie L A 281  
 Bumpus H C Jr 301  
 Burger H 266  
 Cajon J A 306  
 Carman R D 2 4  
 Ceballos 310  
 Cecil A B 291  
 Chisolm J J 261  
 Chute A L 304  
 Clavelin 273  
 Cole I P 292  
 Colp R 309  
 Cotte G 283  
 Cramer W 318  
 Crnk C W 276 281  
 Crouter C Y 306  
 Culver H B 297  
 Danforth W C 291  
 Day J S 314  
 Denver J B 276  
 Desjardins A U 316  
 Dixor O J 259  
 Donaldson M 292  
 Duane A 259  
 Dublin L I 319  
 Duguet 273  
 Duon L 312  
 Edmund C 259  
 Einhorn M 274  
 Eisendrath D N 29 299  
 Elce J L 264  
 Ehing A W 312  
 Eusterman G B 274  
 Feldman R H 276  
 Fisher A O 279  
 Forsdike S 292  
 Fowler E L 261  
 Fraser J S 260  
 Frawley J M 306  
 Galloway T C 262  
 Gervain Sir H 307  
 Girdlestone C R 307  
 Goepel R 276  
 Gottheb J 282  
 Gottheb M J 262  
 Graves W P 291  
 Guy C C 267  
 Habern H C 264  
 Haberer H von 278  
 Hager B H 300  
 Hamilton T G 280  
 Handley W S 278 317  
 Heaney N S 291  
 Hendry J 295  
 Hepler A B 298  
 Heyman J 292  
 Higgins W H 266  
 Hinman F 298  
 Holloway T B 260  
 Huntsinger W F 282  
 Hurst A Y 276  
 Hutchins F H 263  
 Hyman H T 264  
 Ivans F 286  
 Jackson A S 265  
 Judd E S 2 1  
 Keene F E 291  
 Kessel L 264  
 Key J A 308  
 Kidd F 301  
 Kline B S 271  
 Klingenstein I 309  
 Kopf E W 319  
 Krognus A 297  
 Krynock J A 294  
 LeCount L R 267  
 Lemere H B 263  
 Lemon W S 271  
 Lewi ohn R 2 6  
 Lamberg A 263  
 Little E M 311  
 Logan A H 280  
 Love J K 61  
 Lundy J S 315  
 MacAulay H F 309  
 MacKinnon A P 306  
 Macleane A S 268 296  
 Maclean N J 265  
 Magath T B 300  
 Marquis W J 273  
 Martin C E 312  
 Mathé C F 303  
 Mattick W 317  
 McArthur L L 300  
 McClure C W 282  
 Mendenhall W L 282  
 Moeller H U 259  
 Mollson W M 261  
 Montague O C 282  
 Moore A B 273  
 Moore S 311  
 Morse H D 271  
 Munro D 267  
 Neame H 261  
 Negus V E 263  
 Nielsen R 284  
 Noble T P 306  
 Norris C C 290  
 Ockerblad N F 297  
 Ollerenshaw R 309  
 O'Malley J F 261  
 Oramore R H 286  
 Patterson R H 310  
 Patton J M 259  
 Peacock A H 300  
 Pemberton J def 262  
 Pemberton R 306  
 Pensfield W 268  
 Phifer F M 297  
 Pincoffs M C 2 1  
 Purves Stewart Sir J 269  
 Pyles R H 310  
 Raffe E 262  
 Rathbun V P 299  
 Reese A B 260  
 Reimann S P 2 6  
 Richardson C H Jr 255  
 Rietenhoff W F Jr 264 280  
 Rivers A B 274  
 Rinnick H C 302  
 Rose E 318  
 Rubin I C 289  
 Sampson J A 291  
 Scal J C 265  
 Schlegel A 284  
 Schmutz E I 291  
 Schoenbauer L 269  
 Schreiner B 317  
 Scudder S A 290  
 Sharpe W 296  
 Shattuck H I 293  
 Sherrin J 275  
 Shuro O 318  
 Shoemaker A B 291  
 Smith G G 297  
 Smith S M 268  
 Sneed W L 310  
 Sommaru A 290  
 Sosman M C 290  
 Spalding A B 288  
 Spriggs E F 276  
 Springer H A 302  
 Stellwagen T C 306  
 Stenstroem M 317  
 Stevens A R 304  
 Stewart M J 276  
 St George A V 314  
 Strachan G I 287  
 Strauss A A 313  
 Sutton C 261  
 Swan R H J 300  
 Taylor Sir W 278  
 Thomson M J 263  
 Tulin C C 265  
 Tilley H 261  
 Todd A T 314  
 Traut H I 314  
 Van Buren G H 314  
 Vogt M F 290  
 Webb Johnson A E 302  
 Werbster F 312  
 Wheeler Sir W I DeC 276  
 Wherry W B 260  
 Whitaker L R 269  
 Wilke D F D 278  
 Williams J T 294  
 Wolf E 261  
 Zimmermann E L 260

## BIBLIOGRAPHY

Surgery of the Head and Neck		Genito-Urinary Surgery	
Head	322	Adrenal Kidney and Ureter	336
Eye	322	Bladder Urethra and Pems	340
Ear	323	Genital Organs	35
Nose and Sinuses	323	Miscellaneous	35
Mouth	324		
Pharynx	324		
Neck	324		
Surgery of the Nervous System		Surgery of the Bones Joints Muscles Tendons	
	325		338
	326		339
	326		340
	326		340
	326		
Surgery of the Chest		Surgery of the Blood and Lymph Systems	
	326	Blood Vessels	34
	326	Blood Transfusion	341
	327	Lymph Vessels and Glands	342
	327		
	327		
Surgery of the Abdomen		Surgical Technique	
Abdominal Wall and Peritoneum	327	Operative Surgery and Technique Postoperative Treatment	342
Gastro-Intestinal Tract	328	Antiseptic Surgery Treatment of Wounds and Infections	342
Liver Gall Bladder Pancreas and Spleen	330	Anesthesia	342
Miscellaneous	331		
Gynecology		Physicochemical Methods in Surgery	
Uterus	331		342
Adnexal and Peruterine Conditions	332	Roentgenology	343
External Genitalia	332	Radium	343
Miscellaneous	332	Miscellaneous	343
Obstetrics		Miscellaneous	
Pregnancy and Its Complications	333		343
Labor and Its Complications	334	Clinical Entities—General Physiological Conditions	343
Puerperium and Its Complications	335	General Bacterial Mycotic and Parasitic Infections	344
Newborn	335	Ductless Glands	344
Miscellaneous	335	Surgical Pathology and Diagnosis	344

# INTERNATIONAL ABSTRACT OF SURGERY

APRIL 1926

## ABSTRACTS OF CURRENT LITERATURE SURGERY OF THE HEAD AND NECK

### HEAD

Dixon O J A Departure in the Management of  
Infections of the Sigmoid Sinus *Arch Oto  
laryngol* 1925 11 453

The development of sinus thrombosis depends upon (1) the difficulty of spontaneous drainage of the mastoid cells after they become infected (2) the close relation of the sinus to these pent up infected cells (3) the momentary arrest of the blood stream within the sinus during each inspiration and (4) the selective action on the blood elements of certain types of bacteria within the infected mastoid cells

The author does not open the sinus radically even when the clinical findings are those of an infected thrombus associated with chills, sharp fluctuations in the temperature, leucocytosis and sweating. Instead he merely uncovers the vessel thor

phases the moral responsibility of the school to the student with regard to such accidents

THOMAS D ALLEN M D

Duane A Subnormal Accommodation *Arch  
Ophth* 1925 11v 566

Through clinical research in accommodation Duane has called attention to many points often over

per  
bro  
vir

near work

The author divides insufficiency into two types viz static in which the accommodation is slightly subnormal (premature presbyopia) and dynamic with or without indoplegia. In the latter convergence insufficiency is the prevailing type of

1

### EYE

Patton J M Ocular Protection for Laboratory  
Workers *Am J Ophth* 1925 38 11 929

While treating the eye of a junior medical student who was injured in an explosion in a chemical laboratory Patton investigated by questionnaire

Edmund C and Moeller H U Vision in Light  
of Reduced Intensity *Arch Ophth* 1925 11v  
531

The authors made a series of gray glasses numbered from 1 to 10 in such a manner that No 1 transmitted one tenth of the light No 2 one one



## EDITOR'S COMMENT

THE differences of opinion which exist among surgeons of experience as to the most satisfactory method of surgical treatment of ulcer are reflected in a number of abstracts which appear in the section on gastric surgery in this month's issue of the **ABSTRACT**. Sherren in discussing the technique of gastrojejunostomy (p. 275) emphasizes the importance of making the anastomosis cardiac to the ulcer when the operation is carried out for chronic gastric ulcer in making the opening in the stomach vertical and in having it extend when possible from the greater to the lesser curvature. Haberer (p. 278) believes that gastro-

reviewed in the section devoted to gastrointestinal surgery. The clinical use of functional tests of the liver (Shattuck p. 283) and the surgical treatment of general peritonitis (Arnett p. 273) are other important subjects in abdominal surgery concerning which helpful contributions have recently appeared.

A large number of interesting and important papers relating to various phases of urology are

prefers a Finney or Horsley operation for duodenal ulcer. Crile also stresses the value of the Sippy regime as an adjuvant to surgical treatment.

Rivers and Eusterman in a review of 150 cases of recurring peptic ulcer (p. 274) indicate the pathology and symptom complex of recurrence of ulcer following surgical intervention. Of the 150 cases studied by them one half were gastrojejunal ulcers. In the X-ray diagnosis of gastrojejunal ulcer Moore and Marquis paper (p.

knowledge of the normal and abnormal anatomy and of the pathological changes occurring in the urinary tract in the correct interpretation of roentgenological findings are stressed in Braasch's paper on errors in interpretation of urographic findings (p. 303). Eisendrath's study of ureteral strictures, links and abnormal insertions of the ureter into the pelvis (p. 299) and Rathbun's statistics as to the incidence of ureteral stricture in the Brooklyn Hospital clinic.

Braasch's discussion of the recognition and treatment of urinary infection (p. 304), McArthur's description of a technique for the repair of ureteral injury (p. 300), Smith and Shoemaker's report of the end results in sixty-two cases of hyponephroma seen at the Massachusetts General Hospital (p. 97), Swan's conclusions as to methods of choice in the management of villous-covered tumors of the bladder (p. 300) and Eisendrath, Phifer and Culver's study of horseshoe kidney (p. 297) are other papers of note that are abstracted.

Rienhoff's study of the histological changes in exophthalmic goiter following iodine administration (p. 264) corroborates the findings reported by Cattell and Lahey. Pemberton's report of the operative results in cases of goiter which were surgically treated at the Mayo Clinic during 1924 (p. 265) emphasizes the value of iodine administration in the control of hyperthyroid crises. A mortality of 0.8 per cent among 741 patients with exophthalmic goiter represents a remarkable achievement in the surgical treatment of thyroid disease.

by Bergen and Logan in a paper appearing re-

operation by the aid of diathermy

Neame H and Wolff E Endothelioma of the Optic Nerve *Brit J Ophth* 1925 ix 609

The clinical differentiation of endothelioma of the optic nerve from fibromatosis is based upon the following facts

3 There is usually greater limitation of motion of the eyeball in endothelioma than in fibromatosis

The pathological differences of the two conditions are shown very clearly by photomicrographs

THOMAS D ALLEN M D

### EAR

Fowler E P Fundamentals of Bone Conduction *Arch Otolaryngol* 1925 ii 529

clearance of tone their initial cost is low and they require no expenditure for their maintenance The best results are obtained in middle ear deafness of the catarrhal and otosclerotic types

MOLLISON agreed that patients suffering from internal ear deafness are seldom helped by any ear instrument

TILLEY reported that in cases of large perforations

fossula rotunda

otosclerotic types are benefited by electrical aids but those with senile deafness hear better with a

44 per cent received most assistance from trumpets and 45 per cent from electrical apparatus In old age trumpets are most effective

CLEMSON discussed an apparatus which helps to separate the words without modifying their intensity and has proved helpful particularly in senile deafness

FRASER reported that in cases of nerve deafness long black tubes have proved of value

STEVENSON suggested that experimental work may make the microphone a very good agent for the use of the deaf A R HOLLENDER M D

Chisolm J J and Sutton A C Otomycosis Report of Nine Cases Treated with Potassium Iodide *Arch Otolaryngol* 1925 ii 543

The authors believe that otomycotic infections are more common than is generally supposed

### ear

These fungi which belong to the mucoraceæ and aspergillaceæ are probably never the primary invaders but gain a foothold and penetrate deeply only after the skin has become macerated as the

usually with swelling of the canal tenderness and pain

When untreated the condition may persist for years with frequent exacerbations The diagnosis is

tion was obtained GEORGE R McVILLIFF M D

Love J K O Malley J F Mollison W M Tilley H and Others Discussion on Artificial Aids to Hearing *Proc Roy Soc Med Lond* 1925 xiii Sct Otol 37

In a discussion on artificial aid to hearing LOVE presented the wiring chart of the amplifier set used by Jones of Los Angeles

O MALLEY divided aids to hearing into two classes mechanical and electrical and stated that when the former give the desired results their use is preferable to electrical aids because they assure

pathological while well known have been worked out here with scientific exactness

VIRGIL WESTCOTT M D

Fraser J S Intranasal Dacryocystostomy *J Laryngol & Otol* 1925 21 723

moved and bleeding Fraser gives no after treatment

Of the first forty eight patients treated by the operation described thirty-eight were regarded as cured five were benefited and five were not benefited

Of the next thirty five patients twenty three were cured but three of these required secondary operation In the remaining twelve cases the results were more or less unsuccessful Fraser states that most of the failures were due to the fact that the opening was not made large enough

CARL F BOOKWALTER M D

Wherry W B Acriflavine for Gonorrhoeal Ophthalmia *Am J Ophth* 1925 32 viii 858

Reese A B Melanosis Oculi *Am J Ophth* 1925 32 viii 865

Since 1861 only twenty six cases of melanosis oculi have been reported In this article Reese reports a case seen in the Meiler Clinic Vienna in which the eye was enucleated and studied microscopically The findings are reported with the aid of four illustrations Reese draws the following conclusions

Congenital pigment streaks on the posterior surface of the cornea are due to an aberration in development and are not manifestations of melanosis bulbi

AUBREY H PRUNER M D

Zimmermann E L The Treatment of Tabetic Optic Atrophy *Arch Ophth* 1925 liv 545

analysis of the results of treatment only

allows a much better prognosis than one with equal central vision but marked contraction of peripheral vision

VIRGIL WESTCOTT M D

Holloway T B Some Comments Concerning the Relationship of Tuberculosis to Certain Fundus Changes with Especial Reference to Peripherebletic Retinitis *J Iowa State M Soc* 1925 2v 629

The diagnosis of intra-ocular tuberculosis (not

sons showing promerative and patients were thoroughly examined in a general way A positive test for tuberculosis was obtained in the first case and fibroid changes were noted in both upper lobes in the second In both the clotting time was slow

In the treatment of such conditions the author is conservative In cases with hemorrhage the use of iodides locally and internally and of diosin locally is beneficial The use of tuberculin should be begun

While the course of the condition is rapid the prognosis is good provided the underlying cause is promptly removed. In the chronic form recovery is not as liable to be as complete as in the acute form. If it is possible to delay operation on the sinuses for

emphasized

GEORGE R. McALIFF M.D.

#### MOUTH

Thomson M. J. An Experimental Study of the Streptococci Found in Pyorrhea Alveolaris. *Edinburgh M. J.* 1925 xxvii 781

In a study of pyorrhea pockets Thomson ob-

heart and in all cases were due to streptococcus salivarius rather than streptococcus faecalis

CHARLES W. FREEMAN D.D.S.

Limberg A. The Treatment of Open Bite by Means of a Plastic Oblique Osteotomy of the Ascending Ramus of the Mandible. *Dental Cosmos* 192 lxvii 1191

The author discusses the various operations on the mandible for orthodontic purposes. He considers surgical treatment indicated when open bite of

#### PHARYNX

Negus V. E. Evolutionary Factors in the Production of Pharyngeal Diverticula. *J. Laryngol. & Otol.* 1925 xl 70

The author is of the opinion that if man, who is adapted to a diet of soft and finely divided food, begins when edentulous to swallow solid lumps of

muscle to relax

The article contains numerous illustrations

JAMES C. BRASWELL M.D.

Lemere H. B. Adenoids and the Pharyngeal Bursa. Their Structure and Morphology. *Nebraska State M. J.* 1925 x 453

The author reports the case of a patient who

be taken to prevent injury of the surrounding tissues as scar formation destroys the glands and leads to dryness of the nasopharynx later in life

The literature on the pharyngeal bursa is reviewed

JAMES C. BRASWELL M.D.

Hutchins E. H. The Technique of Tonsil Operation. *Surg. Gynec. & Obst.* 1925 xli 673

The author believes that tonsillectomy is being performed too frequently in the cases of children under 6 years of age and too soon after acute infections. The technique he recommends for tonsillectomy is as follows:

Preferably under general anesthesia the mucous membrane of the pillar is divided as closely as possible to the presenting surface of the tonsil by dissec-

dissection is carried down around the lower pole so as to include the lower pole

By the blunt

at the juncture

The dissection

At the upper pole a network of veins is revealed. If these are sufficiently formidable they are clamped before they are divided. The tonsil is then removed

suggested by the presence of scales flakes and crusts in the canal especially in a patient with an intermittent furunculosis and is confirmed by the finding of mycelia and spores in smears

In the treatment the authors use 5 per cent alcohol or 2 per cent salicylic acid in 70 per cent alcohol locally and give potassium iodide three

The author considers as tenable the theory that chronic sinusitis may be an etiological factor in bronchitis and bronchiectasis. The infection of the bronchi may occur through the lymph vascular system or by the direct inhalation of pus droppings into the bronchi.

THOMAS C. GALLOWAY M.D.

Raffo E. *The Concomitance of Sinusitis and Bronchiectasis* Arch Otolaryngol 1925 II 557

The author considers as tenable the theory that chronic sinusitis may be an etiological factor in bronchitis and bronchiectasis. The infection of the bronchi may occur through the lymph vascular system or by the direct inhalation of pus droppings into the bronchi.

T

Symptoms of iodism must be watched for and

essential as it prevents the development of spores. Any mycelia developing after one course of treatment are killed by the next course.

GEORGE R. McADULIFF M.D.

Galloway T. C. *Insulin in Diabetes with Mastoiditis* Ann Otol Rhinol & Laryngol 1925 XXXIV 1184

Galloway reports a case of mastoiditis with only doubtful glycosuria but with a blood sugar value of 0.308 per cent. Simple mastoidectomy was followed by erysipelas absolute failure of wound repair

the same cause (acute exanthemata) and occur simultaneously but the sinus infection is often overshadowed by the general systemic condition. While bronchiectasis is often secondary to bronchitis the bronchitis and sinusitis being in great

Gottlieb M. J. *The Significance and Prevention of Blindness Due to Intranasal Disease* Laryngoscope 1925 XXXV 844

Blindness or a decrease of visual capacity caused by disease of the nasal accessory sinuses is far more frequent than is generally supposed.

Retrobulbar neuritis is due most frequently to disease of the nasal accessory sinuses and abscesses of the teeth and less commonly to toxemias from the intestines or tonsils syphilis and such substances as lead arsenic and acetone. The sphenoid and ethmoid are the principal sources of infection.

## NOSE AND SINUSES

Brooke C. R. *Ultraviolet Rays in Nasal and Oral Conditions* Med J & Rec 1925 CXV 681

Brooke is very enthusiastic regarding the use of ultraviolet rays in nose and throat conditions. He discusses their action and the technique of their application in infections and hay fever. He believes that air-cooled lamps have a biological action and water cooled lamps a bactericidal action.

of mitotic figures and almost complete disappearance of epithelial desquamation in the acini  
ARTHUR L. SKEFFLER M.D.

Maclean N. J. Observations on the Treatment of Goiter *J. Iowa State M. Soc.* 1915 xv 653

Pemberton J. de J. Surgical Treatment of Diseases of the Thyroid Gland *J. Am. M. Ass.* 1925 lxxv 1882

In the year 1924 at the Mayo Clinic 1028 opera-

often accompanied by definite arrhythmia and car-

complications depends upon the early recognition and treatment of incipient hyperthyroidism. Important aids in the diagnosis are the pulse rate and the basal metabolism.

In toxic goiter the treatment is surgical. Removal of the diseased portion of the gland is followed by recovery. Operation should be fairly complete as unremoved adenomata may cause recurrences or

0.8 per cent

of controlling hyperthyroid crises

In exophthalmic goiter the employment of the multiple stage operation in selected cases and of refinements in management designed for the protection of the patient has resulted in the most completely successful surgical results because of

of convalescence after operation renders the necessity for multiple operations much less frequent and widens the limits of operability and further reduces the mortality.

The problem presented by the patient with a

in non-toxic goiter to 2.5 per cent in cases of toxic goiter and to 1.6 per cent in cases of exophthalmic goiter  
GEORGE R. McALLIFF M.D.

Seal J. C. Hypertrophied Thyroids Treated with Radium *Med. J. & Rec.* 1925 cxvii 745

Thyroid enlargements are probably true hyper-

is moved unless the patient is kept under periodical medical observation.

Tiffin C. C. Some Experiences in Local Anesthesia in Goiter Surgery *North. M. J.* 1925 xiv 614

Jackson A. S. Thyroidectomy under Local Anesthesia *North. M. J.* 1925 xiv 617

Both Tiffin and Jackson strongly favor local anesthesia for goiter surgery. As compared with general anesthesia it is associated with less trauma, shock, hemorrhage, and danger of postoperative

anger of in its use also and pneu-

In the cases of nervous patients Tiffin gives morphine pre-operatively and adrenalin

is screened first by a brass container and then by a wooden block about 6 cm. in depth. A total exposure of 250 mc hrs. is obtained by applying an

## NECK

Else J E Adenomatosis of the Diffuse Adenomatous Goiter *J Am Med Ass* 1925 lxxxv 1878

stages the thyroid shows moderate enlargement and

symptoms characteristic of toxicity the condition thus differing from exophthalmic goiter which may be of acute onset

The prognosis varies with the intensity of the disease and the length of time that has elapsed since the beginning of the toxic symptoms

Habeln H C The Management of Cases of Colloid Goiter *Minnesota Med* 1925 viii 734

The etiology of diffuse colloid goiters probably has as its basis a lack of available iodine in the organism Just how this is brought about is not definitely known It has been ascribed to infection a lack of iodine in the food and water and a combination of these factors with poor hygiene and improper food

Iodine may be used in cases of small colloid goiters but at the Mayo Clinic it has been found that in cases of larger goiters desiccated thyroid by mouth is preferable The amounts required differ in different cases The dosage is best controlled by watching the basal metabolic rate The routine treatment of small colloid goiters with desiccated thyroid is not recommended on account of the length of time it requires and the expense

Hyman H T and Kessel L Exophthalmic Goiter and the Involuntary Nervous System *J Am Med Ass* 1925 lxxxv 1017

The authors believe that exophthalmic goiter is

pletely cured it

The treatment should be directed at the sympathomimetic influences responsible for the disorder rather than at the cause of the metabolic disturbance  
V R LAPP MD

Rienhoff W F Jr The Histological Changes Brought About in Cases of Exophthalmic Goiter by the Administration of Iodine *Bull Johns Hopkins Hosp Balt* 1925 xxvii 285

— ? of exophthalmic  
ical  
ity

# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Munro D The Therapeutic Value of Lumbar Puncture in the Treatment of Cranial and Intracranial Injury *Boston M & S J* 1935  
cxxxv 1187

1923  
71

cases proved that the lumbar puncture had no relation to the cause of death and in the one case in which autopsy was not performed this appeared true clinically

The data obtained in the fatal and non fatal cases treated only by lumbar puncture showed that the average intracranial pressure is nearly two and one half times higher in the fatal cases

Regardless of the method of treatment used the poorest prognosis was that of contusion of the brain complicated by fracture of the skull

STANLEY J SELIGER M D

Kroglus A Air in the Ventricles of the Brain After a Basal Fracture (Luft in den Ventrikeln des Gehirns nach einer Basisfraktur) *Finska laek sällskap handl* 1925 LVII 621

by puncture The dura mater was then stripped from the ethmoid plate in the region of the root of the nose and a tampon inserted between the base of the brain and the ethmoid plate The ethmoid plate showed a hole leading into the nasal cavity

The patient died three days after the operation Autopsy revealed softening of the basal parts of the frontal lobes communicating with the lateral ventricles Sections of both lateral ventricles showed them to be greatly dilated and filled with air and fluid

In the literature the author found excluding twenty cases of intracerebral and extracerebral pneumatocele eight cases of pneumatocephalus (Charn Luckett two cases Wolff Hansemann Potter Schlosser Teachenor) The diagnosis is readily made during life by means of the roentgen ray

Kroglus (Z) Dif ebral tudy

hyperæmia in nine retention cysts in four and cloudy swelling in five The diagnosis was chronic kidney

no and

und in  
ie heart

oculus aureus Examination revealed anosmia and papilloedema X ray examination in the antero

were found in the thirty cases of intracerebral



Higgins W H Incipient Hypothyroidism *J Am Med Ass* 1925 **LXXV** 1015

Higgins discusses a group of cases with a metabolic rate between 10 and 20 but with little or no evidence of true myxedema. The pulse rate was below 70 in only a few instances. In some cases there was a tachycardia but this is probably explained by the fact that milder grades of thyroid deficiency are generally associated with other pathological conditions altering the pulse rate. Associated conditions in the cases studied were colloid goiter ovarian disease or absence of the ovaries due to operation.

below normal weight. In incipient cases dryness of the skin and hair is common. One of the most frequent complaints is nervousness. Some of the patients complained of tingling in the extremities, a sense of constriction about the head or periods of depression and emotionalism. Many nystagmized, vague neuralgic pains referable to the abdomen. Thirteen complained of constipation and five of headache. Localized edema was found in seven cases.

In one instance there was a swelling of the true myxedematous type. In six cases the condition was associated with a slight pitting of the ankles, a sense of tightness in the fingers and

the production of sound the stomach is used as an

Burger H Speech Without a Larynx *Proc Roy Soc Med Lond* 1925, **XX** Sect Laryngol 4

Brown R G A Simple But Effective Artificial Larynx *Proc Roy Soc Med Lond* 1925 **XX** Sect Laryngol 6

the production of sound the stomach is used as an air reservoir.

Brown reports a case in which after a complete

vulcanite and held in place by an "f" passed around the neck. In this manner a simple artificial larynx was formed which produced a voice of good quality. J FRANK DORRITY M D

# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Munro D The Therapeutic Value of Lumbar Puncture in the Treatment of Cranial and Intracranial Injury Boston M & S J 1925 cxiii 1187

In an attempt to demonstrate the value and safety of lumbar decompression in cranial and intracranial injuries Hubbard turned over to Munro for treatment all cases of head injury admitted to his service at the Boston City Hospital during the year 1922-1923

T

I

mm

cases proved that the lumbar puncture had no relation to the cause of death and in the one case in which autopsy was not performed this appeared true clinically

The data obtained in the fatal and non fatal cases treated only by lumbar puncture showed that the average intracranial pressure is nearly two and one half times higher in the fatal cases

Regardless of the method of treatment used the poorest prognosis was that of contusion of the brain complicated by fracture of the skull

STANLEY J SEEGER MD

Krogius A Air in the Ventricles of the Brain After a Basal Fracture (Luft in den Ventrikeln des Gehirns nach einer Basisfraktur) F iska laek sa lisk handi 1925 lvi 621

K

by puncture The dura mater was then stripped

Autopsy revealed softening of the basal parts of the frontal lobes communicating with the lateral ventricles Sections of both lateral ventricles showed them to be greatly dilated and filled with air and fluid

In the literature the author found excluding twenty cases of intracerebral and extracerebral pneumatocele eight cases of pneumatocephalus (Chari Luckett two cases Wolff Hansemann Lotter Schloffer Teachenor) The diagnosis is readily made during life by means of the roentgen ray

KROGIUS (Z)

J Co - E R and C C T H C I Dif ebral tudy

In thirty cases in which blood studies were made at the Cook County Hospital Chicago in the period from 1921 to 1924 autopsy showed that the cause of death was cerebral hæmorrhage In nine the clinical

neys were normal in two but showed a passive hyperæmia in nine retention cysts in four and

I

hemorrhage are compared with the amounts found in the cases of normal persons and patients suffering from uræmia

	N	for 100 g	U	d	Creat	g
Trace hem	8-64	2	93	46	7	33-4
N mal	5	35	1	0-1		0-3
U am	90-5	7	0-300	4	0-7	4 0-35

intracerebral hemorrhage the increase above the

great increase in the nitrogenous elements in the blood. If the spinal fluid is examined about three

Smith S M. Three Cases of Otic Brain Abscess. *Ann Otol Rhinol & Laryngol* 1925 cxviii 1109

The author reports three cases of brain abscess following chronic otorrhea. In one case in which the abscess was situated in the left cerebellopontine

of the fifth and sixth dorsal vertebrae incomplete transverse myelitis of the cord and chronic post-traumatic arachnoiditis. No mention made of the discovery of the lipiodol at this operation.

Five months later a second operation was performed because the symptoms had become more severe. The X-ray showed the original lipiodol at the same level as before the first operation. On removal of the spinous processes and laminae of the seventh eighth and ninth thoracic vertebrae a

shows that the new lesions were due to the inflammatory process caused by these encysted masses. There was no improvement following the second operation.

## SYMPATHETIC NERVES

Penfield W. The Neurological Mechanism of Angina Pectoris and Its Relation to Surgical Therapy. *Am J of Sc* 1925 clxxv 864

The removal of a sympathetic ganglion removes the possibility of angina pectoris in the motor distribution of that ganglion only. Pain is still possible in the motor distribution of the remaining ganglia provided the stimulus arising in the heart or aorta is adequate. Success in the operation depends not upon the interruption of a direct afferent path from the cardiac plexus to the central nervous system as has been assumed but upon the interruption of automatic reflexes.

## SPINAL CORD AND ITS COVERINGS

MacLaire A S. Lipiodol in Neurosurgery with a Report of a Case with Deleterious Results. *Am J of Sc* 1925 clxxv 874

The author's experience with lipiodol has been limited to three cases. In the case reported in this article the lipiodol appeared to be arrested at the

a cordingly

spasm of smooth muscle and thus may resemble the pain in various angospastic conditions. It differs from the referred pain of Head principally in that the point of contact of sympathetic and cerebrospinal system is shifted from the posterior root to the periphery where there are other analogous contacts between the two systems. No attempt is made in this communication to expand the hypothesis to other types of visceral pain nor to analyze different kinds of cardiac pain.

STANLEY J SEEGER M D

Schoenbauer L and Whitaker L R Experi

In one of the authors series of experiments performed on dogs to determine the influence of the sympathetic nervous system on wound healing it was found that after removal of the adventitia of the femoral artery wounds inflicted on the thigh and inoculated with staphylococci healed more rapidly than similar wounds made without previous denudation of the vascular wall.

Similar experiments on the stomach in which the left gastric artery from its site of origin in the coeliac artery up to the lesser curvature was deprived of its adventitia and wounds were made on the lesser curvature of the opened stomach showed that especially deep excisions healed considerably more rapidly than similar wounds in control animals.

BURDE (Z)

### MISCELLANEOUS

Purves Stewart Sir J Triple Puncture Lumbar Cisternal and Ventricular *Lancet* 1925 cclix 1159

Lumbar puncture may be done at any point be

duced in the midline and in the cases of adults

removal of the needle the skin puncture is covered with collodion and the patient is instructed to remain in the recumbent position for from eight to ten hours.

If bone is struck during the lumbar puncture the needle is withdrawn slightly and directed a little upward or downward as necessary. If no fluid appears after it enters the canal the stylet may clear away a clot or rotation of the needle may direct its opening so that it will avoid blockage by a

sive cord lesion to introduce lipiodol or for treat

and the first spinous process and is pushed forward and slightly upward in the plane of the upper edge of the external auditory canal and the prominence of the glabella. Upon penetration of the thick

puncture is easy and safe and may be done repeatedly without difficulty and without discomfort to the patient.

Ventricular puncture is valuable for diagnosis and treatment but should be reserved for exceptional cases. It is of value for ventriculography for brain

may be used so that his

withdrawn

! The depth of the vertical puncture is somewhat greater than that of the temporal puncture. The

... ..

! outward. As ventricular puncture is almost painless, only local freezing of the scalp is necessary even in the cases of children. The scalp wound is a puncture the size of a pin hole and disappears in a few days.

WALTER C. BURKE, M.D.

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Judd E S and Morse H D Carcinoma of the Male Breast *Surg Gynec & Obst* 1926 xlii 15

It is probable that carcinoma of the male breast in most instances is a highly malignant type of neoplasm. The results of radical operation for cancer of the breast are not as satisfactory in males as in females very likely because in the former the tumors are generally of a higher degree of malignancy.

All tumors in the male breast should receive immediate radical operative treatment. Good results are obtainable only by radical operation before glandular or other metastatic lesions occur. In the cases reviewed postoperative roentgenological treatment did not seem to arrest the progress of the disease to any appreciable extent.

## TRACHEA LUNGS AND PLEURA

Pincoffs M C Abscess of the Lungs *South M J* 1925 xviii 777

Following a brief review of the literature of pulmonary abscess and a discussion of the usual clinical picture of the condition the author reports the results of medical and surgical treatment in a series of thirty four cases.

In 34 per cent of these cases the lesion was an

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t  
t

41 per cent were not benefited and 43.7 per cent were benefited.

Eighteen and two tenths per cent of the abscesses were situated in the upper third of the lung 39.4 per cent in the middle third and 41.6 per cent in the lower third.

Improvement occurred in 50 per cent, improvement in 36 per cent and a cure in 14 per cent of the cases.

The treatment was medical or surgical according to the requirements of the particular case.

J FRANK DOUGHERTY M D

Kline B S and Berger S S Spirochætal Pulmonary Gangrene *J Am M Ass* 1925 lxxv 1452

The etiologic relationship of spirochætes and

lungs

To date only fifty two cases of pulmonary gangrene have been reported in the United States but the condition is probably more frequent than this would indicate since in a period of two years sixteen cases were observed at the Mt Sinai Hospital Cleveland.

In five of these sixteen cases in which definite gangrenous necrosis with cavitation was present arsphenamine treatment apparently prevented death and caused the practically complete disappearance of all symptoms. Five cases in which there was extensive pulmonary or pleuropulmonary gangrene and no treatment or only late treatment was given resulted unfavorably. In five of six cases in which there was a less severe acute pulmonary

pected whenever in the course of any respiratory condition the sputum becomes brown and foul smelling and the signs and symptoms become more marked.

A diagnosis may be made before appreciable destruction of the lung by the discovery of the Vincent spirochætes and fusiform bacilli in the sputum after careful washing.

Spirochætal pulmonary gangrene can be prevented by eradication of the primary oral focus. In the treatment arsphenamine is apparently as specific in this as in other spirochætal infections.

J FRANK DOUGHERTY M D

Lemon W S A Clinical Survey of Thirty Cases of Proved Tuberculosis of the Pleura *Surg Gynec & Obst* 1925 xlii 803

Thirty cases of proved tuberculosis of the pleura

RESULTS

Clinically there were three types of symptoms: general malaise of insidious onset with developing pleurisy and effusion; acute onset with violent febrile reactions followed by a chronic illness; and the more typical onset of pulmonary tuberculosis with secondary pleurisy.

Fluid had been obtained at the first thoracentesis

amounts of fluid should be withdrawn more often than large amounts all of the fluid should never be withdrawn

considered tuberculous until it is proved otherwise Lemon agrees with Lord that a sterile exudate of serofibrinous pleurisy rarely becomes purulent Purulent conditions occurred usually from secondary infections following repeated aspirations open operations or pulmonary fistulae

Particular emphasis is placed upon the point that too early and too thorough removal of fluid is to be avoided Opie has shown that following the removal

serous exudate (plasma) and the leucoprotease (leucocytic enzyme) The latter tends to produce autolysis and hence a purulent exudate Small

A study of the cases reviewed seems to prove that it is a mistake to assume that sterile purulent exudate is necessarily injurious Hedblom has advised against open operation in the presence of sterile purulent effusions

In conclusion Lemon says It would seem wise to regard all cases of serous effusion as tuberculous and to bear in mind that a great deal of harm can be done by hasty or ill-considered treatment and that a large percentage of all cases of empyema especially if not preceded by pneumonia or sepsis are also tuberculous

# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Duguet and Clavelin Eight Cases of Tuberculous Peritonitis Treated with the Ultraviolet Rays (Note sur huit cas de péritonite tuberculeuse traitée par les rayons ultra violet) *Bull et J Em Soc nat de chir* 1923 li 767

brought up from an exposure for five minutes at a distance of 1 meter to an exposure of one hour at a distance of 50 cm The number of treatments ranged from twenty two to thirty six

In seven of the cases there was rapid improvement to what is today regarded as a clinical cure

Arnett A C The Surgical Treatment of General Peritonitis *Int nat J Med & Surg* 1923 xxxviii 413

Peritonitis may be local diffuse or general but true general peritonitis is comparatively rare This article is based upon the treatment of sixty cases of general peritonitis in all of which the condition resulted from the perforation of an abdominal viscus In operating upon such cases the author uses local anesthesia if possible When a general anesthetic is employed nitrous oxide oxygen is best The incision which is usually transverse is made at the level of the iliac crest and carried down through skin fat fasci muscle and peritoneum The rectus muscle is not cut that portion of the incision extending over the rectus being carried

up and a midline subumbilical incision are also used

Provision is always made for ample drainage The drain of choice is black gum rubber tubing

dressings are applied until peristalsis is re established being changed at intervals of two to four hours The drainage tubes are not disturbed for about five days and are then gradually shortened All patients are placed in the Fowler position Little or no fluid and no food is given by mouth until peristalsis begins again

Hypodermoclysis is given routinely at eight hour intervals Novocain is added to the normal salt solution if the patient complains of considerable pain If marked acidosis is present 500 cc of a 10 per cent glucose solution is injected intravenously Proctoclysis is rarely effective because the absorption power of the colon is impaired It distresses the patient and promotes peristalsis Morphine is given at interval of four hours in doses ranging from  $\frac{1}{16}$  to  $\frac{1}{4}$  gr the guide being the respiratory rate When respirations fall to twelve per minute the dosage is reduced Cathartics and pituitrin are never employed

The most common complications are postoperative ileus secondary abscesses and phlebitis These should be recognized as early as possible and in cases of ileus or secondary abscess the abdomen should be re opened

In sixty cases reviewed by the author the average

patient remained in the hospital forty four days the average age of the patients 24 years and the mortality 63 per cent CYRIL J GLASIER MD

## GASTRO INTESTINAL TRACT

Moore A B and Marquis W J The Roentgenological Diagnosis of Gastrojejunal Ulcer *Am J Roentgenol* 1925 xiv 432

The incidence of gastrojejunal ulcer following gastro enterostomy is approximately 23 per cent Of the 200 patients whose cases are reviewed by the authors 93 per cent were males The original lesion was a duodenal ulcer in 89 per cent and a gastric

common type of gastrojejunal ulcer is the penetrating ulcer Such ulcers are usually situated on the



suture line or in the jejunum close to the anastomosis. Perforation may produce an abscess and the abscess may evacuate either anteriorly or posteriorly. Perforation into the colon may produce a gastrocolic fistula.

The most important symptom of gastrojejunal

Gastric ulcer has but one sign on which the diagnosis can be made with confidence. This is the

posterior wall the crater may be revealed as a circumscribed area of increased density which can be seen to better advantage by palpatory approximation of the walls of the stomach

the signs of a gastrojejunal ulcer can be recognized it is of course necessary to be familiar with the roentgenoscopic picture of a normal stomach.

There are two groups of roentgenological findings in gastrojejunal ulcer first those indicating an abnormal condition in the anastomosed stomach such as retention hyperperistalsis a large stomach gastric spasticity and duodenal dilatation and second deformities around the stomach such as irregularity of the jejunum a scanty flow through the opening and fixation at the anastomosis site. It is of the greatest aid to the roentgenologist to know what type of gastroenterostomy was performed.

neoplastic tissue

the niche  
the  
tric ulcer  
alone is

more common and is the mainstay of diagnosis. When obstruction is pronounced it may be impossible to fill the bulb and establish the fact of deformity. In that event the combination of a large stomach of normal contour with a six hour retention and hyperperistalsis is sufficiently diagnostic of duodenal ulcer.

Einhorn M. The Diagnosis and Treatment of Penetrating Ulcer of the Stomach. *Ann Clin Med* 1925 iv 3,9

A penetrating ulcer has callous margins and is

Rivers A B and Kusterman G B. Recurring Peptic Ulcer. *Am Clin Med* 1925 iv 365

surgical treatment as 35 per cent. Their tendency to heal the ulcers are classified as simple healing ulcers, medical ulcers and surgical ulcers.

The ulcers of the first group healed normally without medical treatment and were discovered accidentally at x-ray examination operation or

tions of glucose. I EDWARD BISHAW M D

Carman R D. The Diagnosis of Peptic Ulcer. *J Am Med Ass* 1925 lxxv 1381

The routine examination at the Mayo Clinic for all gastric and duodenal lesions comprises two principal features: a bariumized carbohydrate meal to test motility and a screen examination six hours later at which time an aqueous suspension of barium is given.

In another classification the 150 cases are divided into those of recurring gastric ulcer those of recurring duodenal ulcer those of gastroyejunal ulcer and those showing the complications of these lesions gastroyejunal fistula recurring hæmorrhagic ulcer and perforating recurrent ulcer. The dominating

These include in particular persons who are constitutionally inferior and suffer from nervous imbalance and nervous hyperirritability, and those who are indiscreet in their diet and in habits such as the use of tobacco.

Recurring ulcer is probably due not to any one factor but to a combination of causes such as infections and mechanical and chemical influences.

Sherren J Gastrojejunostomy *Lancet* 1935 ccix  
1007

The gastrojejunostomy which has given the author the best results is the posterior retrocolic operation with a vertical opening. In this procedure the jejunum is grasped at the duodenojejunal flexure and brought to the stomach so that it lies easily without tension or looping. The part of the jejunum which is anastomosed to the stomach depends upon the size and position of that organ. Immediately above the flexure an opening is made in the transverse mesocolon sufficiently large for its edges to be sutured to the stomach after the anastomosis without causing deformity of the stomach or jejunum. The stomach just to the right of the cardiac orifice is clamped vertically from the greater to the lesser curvature. If the operation is carried out for a chronic gastric ulcer the anastomosis is made to its cardiac side making it elsewhere is useless and the cause of many failures a fact that is not generally recognized.

The jejunum is brought to the stomach without a clamp and fixed to it at either end by stay sutures placed so that its opening will be exactly at the anti-mesenteric border and rotation of the gut on its longitudinal axis will be avoided. No rule can be

the pain

In the cases reviewed there were ninety two perforating ulcers. These included the gastrojejunal ulcers that had perforated into the colon.

In all of the groups including those with complications there was a tendency toward duplication of the symptoms and liberal amounts of free hydrochloric acid.

patients whose cases are reviewed had symptoms suggesting ulcer before they were 20 years old and 61 per cent had well developed symptoms before they were 30 years old. The patient who is to develop a secondary ulcer usually has recurring symptoms

the money through all of their contacts.

anastomosis

vomiting. In such cases the author has for several years carried out an antecolic posterior operation with a short loop. The posterior surface of the stomach is exposed by an opening in the gastrocolic omentum and the jejunum brought in front of the colon at the splenic flexure and united to it vertically.

When the posterior surface of the stomach is adherent and partial gastrectomy is unwise or not indicated the author does an anterior no loop

2. **without user**

suture line or in the jejunum close to the anastomosis. Perforation may produce an abscess and the or posterior produce a

Gastric ulcer has but one sign on which the diagnosis can be made with confidence. This is the visible antrum filled crater of the ulcer known as the

In the differential of a reactivated peptic ulcer the X-ray is a valuable aid. The gastroenterostomy stoma should be not

mucous ulcers which are topographic in the antrum and pyloric ulcers in which a niche is

gastrojejunal ulcer is its absence. A properly performed gastroenterostomy

CHAS. J. GLASZEL, M.D.

Einhorn M. The Diagnosis and Treatment of Penetrating Ulcer of the Stomach. *Ann Clin Med* 1925 iv 379

A penetrating ulcer has callous margins and is in the neighborhood of a neighboring organ which

The diagnosis is by severe pain great tenderness and the usual ulcer history and findings.

The treatment consists chiefly of duodenal feeding. Sometimes this is supplemented by rectal instillations of glucose. I. EDWARD BISHOP, M.D.

Carman R. D. The Diagnosis of Peptic Ulcer. *J Am Med Ass* 1925 lxxxv 138

The routine examination at the Mayo Clinic for gastric and duodenal lesions comprises two

Direct signs of duodenal ulcer are a niche or a deformity without a niche. The

When obstruction is pronounced it is impossible to fill the bulb and establish the fact of deformity. In that event the combination of a large stomach of normal contour with a six hour retention and hyperperistalsis is sufficiently diagnostic of duodenal ulcer.

Rivers A. B. and Eusterman G. B. Recurring Peptic Ulcer. *Ann Clin Med* 1925 iv 362

In 100 cases of recurring peptic ulcer, surgical treatment as 35 per cent. their tendency to heal the ulcers are classified as simple healing ulcers, medical ulcers and surgical ulcers.

The ulcers of the first group healed normally without medical treatment and were discovered accidentally at X-ray examination operation or

second group responded to medical treatment. The third group required surgical treatment. The treatment was thought to be

early gastric cancer may escape detection although

not the likelihood of cancer is sufficient to warrant operation

The three principal aids to the diagnosis of gastric cancer are the test meal roentgenograms and examination of the stools. It is desirable to have these tests carried out by observers who are familiar with the fallacies of the method. The presence of free hydrochloric acid cannot be regarded as evidence against the diagnosis of a growth. Achlorhydria

patulous pylorus may escape detection by skilled roentgenologists. Negative findings are of doubtful value and the value of positive findings must not be too emphatically emphasized. The value of the gastroscope in the diagnosis of gastric carcinoma is limited. Venous thrombosis occurring in the arm

achlorhydria has been observed only in cancer of the stomach

When a good technique is used and the observer is well trained some abnormality suggestive of a

gastric syphilis pernicious anemia and viscerop-  
tosis must be considered. In most of the cases operated upon by the author the condition was not preceded by symptoms suggesting a chronic ulcer. Gastrectomy is the operation of choice and often gives surprising results. The value of radium is questionable.

SPRING describes a typical case of gastric cancer as that of an elderly man who gradually developed anorexia with vague discomfort above the navel followed by nausea vomiting and ultimately pain

nancy

The presence of occult blood in the stool of a patient who has been on a hæmoglobin free diet is of the greatest importance. The stools should be examined also with a spectroscope as a positive spectroscopic finding is valuable confirmation of a positive chemical reaction. Occult blood is present

the amount and character of the vomitus depend largely on the

we

ca:

symptoms. X-ray examination is very important. This should consist in a careful fluoroscopic examination in every position and angle. In all cases in which the examination is not completely negative or there is any deformity which cannot be fully accounted for an exploratory operation should be done at once in order that the patient may have the only chance that our present knowledge offers for complete removal of the disease.

the patient is gaining weight

Secondary anemia is not always present even when the entire stomach is infiltrated. There should be no difficulty in differentiating pernicious anemia from gastric carcinoma as the blood findings are characteristic. Megalocytosis the only constant feature of the blood in pernicious anemia is never seen in the uncomplicated cancer of the stomach. Moreover in pernicious anemia the stomach is normal in size and outline and occult blood is never found in the stools.

The author believes that the development of pernicious anemia following complete gastrectomy can be easily prevented by the eradication of all oral and nasopharyngeal sepsis before the operation. If the patient has a positive Wassermann reaction and appear in better condition than would be expected from the extent of the disease a trial of antisyphilitic treatment should be made. If there is

that they have not

gastric carcinoma seen at autopsy. Eighty two per cent of the subjects were between the ages of 40 and 70 years.

operation bringing the jejunum to the anterior surface of the stomach through the transverse mesocolon and the gastrocolic omentum

HOWARD A. MCKNIGHT M.D.

Lewisohn R. and Feldman R. H. The Effect of Gastro Enterostomy on Gastric Acidity *Ann Surg* 1925 lxxv 923

Complete anacidity—absence of free hydrochloric acid—was found in 77 per cent of the authors

gastric or duodenal ulcer partial or subtotal gastrectomy is the operation of choice

SAMUEL KAHN M.D.

Goepel R. The Cuff Operation in Peptic Ulcer (Zum Einmanschettungsverfahren) *Zentralbl f Chir* 1925 lli 1,02

In this article Goepel defends his cuff method of operating on peptic ulcer against the conclusions which were drawn regarding it by Schubert on the basis of animal experiments. Schubert sees the weak point in Goepel's procedure in the suture of the mucous membrane which makes possible the en-

ulcers but for non indurated ulcers or cases in which the adjacent gut cannot be freed he advocates excision of the ulcer with or without gastro enterostomy

Partial gastrectomy removes the ulcer and the acid forming portion of the stomach and greatly reduces the danger of postoperative marginal ulcer. Crile also recommends this operation for gastric ulcer. Before final closure with the cobble stitch he adjusts the large open end of the stomach to the small intestine by evenly distributed sutures. For duodenal ulcer Crile prefers the Finney or Horsley operation.

Deaver and Crile agree that the history is most typical in duodenal ulcer. The diagnosis of gastric ulcer must depend upon X-ray examination and gastric analysis. Deaver emphasizes the diagnostic

laboratory have shown microscopic ulcers. Reimann has found that even when the

REIMANN

J. C. LARK

Wheeler Sir W. I. DeG. Diagnostic Methods in Carcinoma of the Stomach *Brit M J* 1925 li

—A. H.

maintains that ulcer is potentially malignant

WHEELER states that the syndrome of carcinoma of the stomach is so vague and so varied that no

the patient survives it may be possible in a few days to open the abdomen and remove the cause of the obstruction. In the treatment of acute obstruction in the course of chronic obstruction a cæcostomy gives the best results as the obstruction is usually in the colon.

The most common mechanical condition producing acute intra abdominal ileus is intussusception. While this is most frequent in infants between the ages of 2 and 10 months it sometimes occurs in adults. The symptoms in infants are typical and the diagnosis must be made early. The treatment is surgical. Careful manipulation and great rapidity are necessary to reduce the obstruction. The patient may be allowed to return home the following day.

The mortality in cases of mechanical ileus will not be improved until physicians realize that early

abdominal operations are now performed by sur-

which occur later when opportunity to help the patient is lost. They do not emphasize that the

it recovers its peristalsis. In such cases it is advised

In acute appendicitis of more than forty eight

(3) obstruction (4) strangulation and (4) adynamic ileus

In the first type the lumen of the gut is obstructed

the procedures of choice in most cases

Closed loop obstruction is seen in acute appendicitis and strangulated hernia. These cases are usually fatal if they are not operated upon early as rapid changes occur in the obstructed loop which quickly terminate in gangrene and perforation. Such changes may occur without any appreciable rise in

jejunostomy

In acute obstruction due to carcinoma of the colon the two or three stage Mikulicz operation is the procedure of choice but in some cases a preliminary blind cæcostomy is indicated.

(VILLI) GLASPEL M.D.

Fisher A. O. The Surgical Treatment of Ileocaecal Tuberculosis. *Surg. Clin. N. Am.* 1923, v. 12:13.

The cæcum is more frequently involved by tuberculosis than any other portion of the gastrointestinal tract. Intestinal involvement is found in from 50 to 80 per cent of fatal cases of pulmonary tuberculosis and in at least 85 per cent of these the cæcum is attacked. Two general types of ileocaecal tuberculosis are recognized.

1. The hyperplastic type or tuberculoma which may or may not be associated with tuberculosis elsewhere.

2. The ulcerative type which is almost always associated with pulmonary tuberculosis.

The hyperplastic type is amenable to surgery and offers a very favorable prognosis if operation is

It can be done by enterostomy or cæcostomy. It is still unsettled whether enterostomy or a combination of lateral anastomosis with cæcostomy will be the operation of the future for these cases. At present the author prefers lateral anastomosis with cæcostomy for most cases but believes that enterostomy will eventually become the operation of choice as it is quicker and more simple.

While the majority of simple peptic ulcers occur on the lesser curvature away from the pylorus carcinoma is most frequent at or close up to the pyloric ring. This is important evidence against an intimate relationship between ulcer and cancer.

Seventy-two per cent of the cases presented involvement of the regional lymph glands. 16 per cent

frequent. In only one case of simple chronic ulcer

rarely in cancer and very commonly in simple

in chronic ulcers (LYELL) GILLESPIE 1925

von Haberer II The Sequelæ of Operations on the Stomach (Nachkrankheiten nach Magenoperationen) Verhandl. f. Verdauungs- u. Stoffwechselkrankh. 1925 p. 197

Morbid conditions following operation on the stomach or duodenum mean partial or complete

enterostomy and pyloric exclusion

terminolateral anastomosis between the transverse incision of the stomach and the descending loop of the duodenum DEWEES (Z)

TAYLOR reports that the operative mortality of

be washed again

In the second stage when the patient is seen on the third or fourth day a similar procedure should be adopted until the obstruction is removed. A jejunostomy should then be performed after the method of Senn and the original incision closed. By this procedure the distended intestines are allowed to empty themselves of their poisonous con-

gested by C. H. May

favorable influence is the Billroth II operation which is today the most fre-

condi  
r local  
use and  
my II

He believes that the cause of the condition may be found not in the presence of a definite and specific infective agent but in the absence of the protective substance or mechanism which normally inhibits the invasion of the intestinal wall by bacteria in some endocrine disturbance or in the lack of a normal bacteriophage or bactericidal substance in the intestinal mucosa.

RIENHOFF is of the opinion that the operation of choice is ileosigmoidostomy. He summarizes its advantages as follows:

- 1 Ileostomy is eliminated

forms of surgical treatment

- 4 No secondary operations are necessary
- 5 There is no proximal dilatation of the bowel above the anastomosis
- 6 There is no physiological diarrhoea or loss of water balance
- 7 Irrigations and medicinal enemata can be given by rectum

SAMUEL KAHN M.D.

**Rule L A A Technique for the Removal of Hemorrhoids** *Ann Surg* 1925 LVIII 964

Buie states that the operation he describes is not a new one. The pre-operative preparation of the

The operation consists simply in clamping ligat

purgative is given and followed after four or five

and sixth days the bowels do not move and on the seventh day the procedure of the fourth day is repeated. Thereafter the bowels move daily and the patient reports for treatment until the wound is entirely healed.

## LIVER GALL BLADDER PANCREAS AND SPLEEN

Crile G W Problems Relating to the Liver and Biliary Ducts *J Michigan State M Soc* 1925 XL 567

As a disturbance of the function of the liver depresses the entire organism the author suggests

measures for the conservation of liver function before during and after operative procedures. He calls attention to the fact that a change of 1 degree in temperature causes a 10 per cent change in the chemical activity of biological as well as physical systems. Therefore when the temperature of the liver is reduced 1 degree the chemical activity of the organ is reduced 10 per cent. He concludes that when as the result of the exhaustion incident to disease the chemical activity of the liver has been reduced to 10 per cent of its normal capacity death will occur if at operation the temperature of the liver is reduced by 1 degree.

Investigations carried out by Crile and his associates has demonstrated that when the abdomen is opened the temperature of the liver falls from 1 1/4 to 3 degrees even if the liver itself is not exposed

liver and the brain was observed in animals under ether anaesthesia. Under nitrous oxide anaesthesia the temperature of the brain and liver is little altered.

A decrease in the blood pressure due to hemorrhage is another factor lowering the temperature of the brain and liver. Normally the brain responds to the injection of adrenalin by an immediate increase in temperature of from 0.5 to 1 degree. After removal of the liver the injection of adrenalin produces little or no change in the temperature of the brain. These facts explain why in the case of a very sick patient the mere exposure of the abdominal viscera may cause death even when no operation is performed and general anaesthesia is not induced.

In that the temperature special significance was the observation that the rise in the temperature of the brain sometimes occurred even before the increase in the temperature of the liver.

but gloves

Crile considers cholecystectomy preferable to cholecystostomy unless the general condition warrants the more conservative operation. After all cholecystectomies he establishes drainage through Morrison's pouch.



performed early in the course of the disease The

disturbance

The patient has now returned to his work with fair control of the cæco tomy opening A heel spoke obturator in the mouth of the bag is effective in preventing herniation of the cæcum and the ileo-cæcal valve

J C CARVER M D

Bargen J A and Logan A H The Etiology of Chronic Ulcerative Colitis Experimental Studies with Suggestions for a More Rational Form of Treatment *Arch Int Med* 1925 xxxv 818

In more than 80 per cent of cases of chronic idiopathic ulcerative colitis examined at the Mayo Clinic during a period of two years a gram positive diplococcus was isolated This micro-organism is lancet shaped and not bile soluble It does not ferment inulin or mannite and although morphologically it resembles the pneumococcus is not agglutinated by the three types of pneumococcus serum It is isolated by culturing the scraping of

about a year

The second case was that of a woman 19 years of age who was admitted to the hospital for bilateral pulmonary tuberculosis in April 1923 Soon after

cæcum and ascending colon and an incompetent ileo-cæcal valve

Hamilton T G Ulcerative Colitis *Canad J W* 121 / 1925 xv 1125

T - on the 7 of ulcerative colitis with

local treatment through the cæcostomy opening failed to cure the ulcers and constitutional symptoms were absent only when faecal matter did not pass below the cæcostomy

To prevent the passage of faeces beyond the cæcostomy a resection was done at the hepatic flexure and to provide a fluid absorbing reservoir for the faecal material the proximal end of the ascending colon was invaginated to the mouth of

breaking down of these abscesses produces the irregular shaggy ulcers seen later Vaccines and vaccine filtrates prepared from the diplococcus

Brown T R Some Observations on Chronic Ulcerative Colitis *Ann Clin Med* 1925 iv 425  
Rienhoff W F Jr The Surgical Treatment of Chronic Ulcerative Colitis by Ileostomy and cæcostomy *Ann Clin Med* 1925 iv 430

Brown states that in chronic ulcerative colitis the treatment of choice is early surgical intervention

peptic ulcer a group of cases with gastro intestinal symptoms of uncertain etiology and migraine

The conclusions drawn are as follows

1 There is a group of patients presenting the symptoms commonly ascribed to cholecystitis a group with return of symptoms after cholecystotomy

are characterized by an abnormal state of liver function as demonstrated by examination of the duodenal bile

3 Return of the symptoms is accompanied or followed by improvement in the state of liver function as demonstrated by examination of duodenal bile

4 The disturbance of liver function should be

5 A study of the state of liver function is worthy of consideration in the cases of patients with ulcer who are not progressing satisfactorily and in the cases of patients who present unexplained gastro intestinal symptoms WILLARD T NELSON M D

Shattuck H F The Clinical Use of Liver Function Tests The Icterus Index and Rowntree Rosenthal Serum Dye Test *Med Clin N Am* 1925 14 601

developed typical cholecystitis As jaundice appeared their indices rose to 20 and as the attack subsided and the jaundice disappeared they receded

A case is cited in which the icterus index increased despite attempts to drain the common duct and the patient died of cholæmia

Three cases are reported to illustrate the use of

cholecystogastrostomy was performed

In a fatal case of cirrhosis a steady increase in the icterus index was the first clue to an unfavorable prognosis

In a case of gastric cancer without enlargement of the liver involvement of the liver was indicated by latent jaundice and retention of the dye Metastases were found in the liver at subsequent operation

The icterus index was of value in revealing latent jaundice also in a case of collapse following pro

Cotte G Exploration of the Biliary Tract by Means of Lipiodol in Cases of Fistula (*Sur l'exploration des voies biliaires au lipiodol en cas de fistule*) *Bull et mém Soc nat de chir* 1925 11 759

when a fistula is present Knowing whether or not the bile passages are permeable and knowing the nature of an obstruction the surgeon is in a position to deal with a lesion appropriately without pre

that he had been operated upon once for hydatid cyst and twice for the fistula The fistula was in the middle of the

by suture

The second case was that of a 49 year-old woman with a severe gall bladder infection Cholecystec

On the basis of seventy seven operations on the liver and 1701 operations on the gall bladder,

calcium

- 3 Avoid the use of narcotics
- 4 In grave cases divide the operation into two stages
- 5 Apply heat to the liver and upper abdomen by diathermy during and after operation
- 6 Employ the transfusion of blood as indicated
- 7 Employ analgesia and regional anaesthesia
- 8 Establish dependent drainage through Morrison's pouch
- 9 Treat each case according to its particular requirements
- 10 Fortify the defense throughout by promoting liver function

STURLEY C LYONS M.D.

Stimulation of the Biliary Flow *Boston M & S*

the duodenal contents

Cholesterol is usually considered an excretory

investigation here reported on patients with functional derangement of the liver showed that both those with obstructive jaundice and those without a trace of jaundice may excrete in the bile similar

that the alcohol insoluble pigment is merely an excretory product of the liver. Both classes of patients will show absence of the alcohol insoluble pigment for many weeks until the state

On the other hand in familial haemolytic jaundice both the alcohol soluble and the alcohol insoluble pigments may be found in normal concentrations while the duodenal bile may be of an altogether ab

terus and in the case of the alcohol insoluble there are two

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In addition there are cases in which necrosis of

Despite the negative microscopic findings Schaefer believes that in these cases there is beginning disease of the gland possibly an increase in the amount of bile with tension on the capsule similar to the picture which Volhard has given of nephrosis. As treatment Payr suggested decapsulation of the pancreas.

The appearance of necrosis of the fatty tissue depends upon whether or not the secretion in the lymph channels is activated. The lymph channels of the pancreas are connected with those of the duodenum and in the latter is found the activating ferment trypsinogen. If the two lymph streams

guard as the beginning of acute necrosis of the pancreas whereas Zöepfl's inflammatory oedema is the

beginning of pancreatitis. However if infected bile enters the pancreas by reflux pancreatitis sets in with febrile symptoms a condition which may be engrafted onto pancreatic necrosis.

Even today we know of no symptoms which point with certainty to disease of the pancreas. The colicky pain is dull not violent as in gall stone colic it begins gradually reaches a certain severity and then diminishes somewhat but often continues for days at a time. Faecal vomiting frequently occurs suggesting incomplete ileus. Pain may be caused by pressure above the umbilicus in the region corresponding to the pancreas. Sugar was found in the urine in only two of the cases reviewed.

Disease of the pancreas is seldom diagnosed with certainty before operation the violence of the symptoms making quick intervention absolutely necessary.

The prognosis of necrosis of the pancreas is extremely unfavorable the mortality being 41.6 per cent. The heart muscle is severely injured by the toxins as in severe burns. In the cases reviewed pancreatosis with necrosis of fatty tissue had a mortality of 20 per cent whereas in those without fat necrosis there were no deaths. In the cases of pancreatitis even those with large abscesses in the breast and liver there were no deaths a fact suggesting that the blood vessels are protected by a sort of encapsulation.

JANSSEN (Z)

tomy was performed. As no calculi could be found in the common duct the jaundice was ascribed to cholangitis. The jaundice subsided very slowly the stools being intermittently clay colored for some time. Bile continued to drain through the wound. The injection of lipiodol revealed a calculus in the common duct at the level of the fourth lumbar vertebra. The obstruction was partial the lipiodol

operation. After the patient was given some of his own bile his condition improved and he gained weight but he was unable to withstand a second operation.

to estimate the amount of bile necessary. Its taste was not regarded as unpleasant. BRACY (7)

Schlegel A. Surgical Degenerative Diseases of the Pancreas. A Study of Forty One Cases (Beitrag zur Erkenntnis der chirurgischen Leber- und Pankreaskrankungen im Sinne der Degeneration 41. Festschr. d. klin. Chir. 1925 cxxxvii 502)

The author reviews forty-one cases of degenerative diseases of the pancreas which were seen in the period from 1919 to 1924. Since the war pancreatic diseases have increased while during the war they decreased. The increase is probably due to the increase of fat in the diet. In 50 per cent of the cases reviewed there was associated disease of the biliary ducts.

Schlegel calls attention to the fact that the divergent nomenclature applied to the various affections of the gland renders a critical review of the literature

function after the manner of the pyloric sphincter. The third case was that of a 55 year old patient

recovery and the return of the ducts to their normal caliber.

Nissen R. An Adjuvant in Cases of Chronic Biliary Fistulae (Beitrag zur Therapie bei chronischen Gallensteinen) Deutsche Zeitschr. f. Chir. 1925 cxvii 317

The author reports three cases of biliary fistula in which the patients were given their own bile to drink.

In Case 1 there was apparently a tumor of the head of the pancreas. The general condition was poor. The gall bladder was sutured to a fistula but

Pancreatic necrosis is characterized by toxic symptoms without an increase in the temperature. Possible causes of the condition are reflux of bile due to the presence of a stone in the common duct, postoperative embolism and tuberculosis processes in the gland. The condition has been

improved. In Case 2 a tuberculous degeneration cyst of the liver was packed. The fistula escaped only externally. The patient continued to fail until he was given

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examination revealed a hemorrhage in the lumen of an area of fat necrosis in the omentum, a positive sign of digestive action on the blood vessels.

causes pressure symptoms the symptoms may cease even if the position is not corrected

been found later The anterior position is maintained by maintenance of the proper anteroposterior compression If the pelvic floor aperture is intact and the abdominal wall bulges distinctly when the patient stands the symptoms attributed to retroversion may be corrected by a Curtis abdominal support and general tonic measures without operative correction of the retroversion

In cases with great relaxation of the abdominal

VIRGIL E DUDMAN MD

Strachan G I The Pathology and Treatment of Erosion of the Cervix *Brit M J* 1925 ii 743

Erosion of the cervix occurs in some degree in from 75 to 80 per cent of parous women and in about 25 per cent of nulliparae

The vaginal mucosa is lined to the external os by stratified squamous epithelium which is resistant to bacteria and contains no glands favorable for their lodgment The cervical mucosa is covered with columnar epithelium the invagination of

the presence of Doederlein's bacillus counteracts the pathogenic action of the bacilli which are present in the vagina

In virgins the condition commonly termed

ability to

covered by squamous epithelium Blocking of the

tissue and causing first hypertrophy and later shrinkage of the cervix Scarring along the vaginal fornix or thickening of a broad ligament may cause pain on manipulation Endometritis is an often associated condition

The most common infective organisms are staphylococci streptococci bacillus coli communis and gonococci

The most important sequelae of erosion of the cervix are general ill health from the leucorrhoea and the absorption of toxins pelvic pain backache and definite mental disturbances The chief danger

first stage of labor If lacerations occur in spite of this precaution accurate repair is essential as they show little tendency to heal

The methods used to obtain a cure are the following

sufficient depth

a Puncture of the nabothian follicles with the dull red actual cautery This treatment may be followed by improvement but a cure seldom results and the cervix still remains a possible site for carcinoma

Stuermdorf in which the affected mucosa is coned out and the reflected vaginal mucosa is made to lesion must

VIRGIL E DUDMAN MD

Bonney V Myomectomy as the Treatment of Election for Uterine Fibroids *Lancet* 1925 cciv 1060

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# GYNECOLOGY

## UTERUS

Ivens F Andrews H R and Paramore R H  
Discussion on Surgery in the Treatment of  
Backward Displacement of the Uterus *Brit*  
*M J* 1935 II 736 739 740

THIS discusses only retroversions and retro flexion which are immobile and non adherent. He questions whether we are justified in designating any of the retroversions as congenital since it is possible that all of them may be the consequence of excessive strain, long continued standing or a fall.

Exception is taken to the contention of some gynecologists that backache with no other demonstrable cause than backward displacement of the uterus is

correction may prevent the occurrence of other

a long continued debilitating illness

The pathological changes are due largely to interference with the circulation in the pelvic veins. Such obstruction may result in varicocele, an increase in

tion of urine

pareunia may be caused by prolapse of the ovary or congestion of the uterus. Abortion may result from the disturbance of function. Later in life a discharge from the hyperplastic endometrium may pro-

to operation  
disease operation is contra indicated

The best operation is the Mayo modification of the Gilliam operation. If the ovarian surface is sclerotic it should be scarified. To assure firm apposition of the rectus sheath figure of eight or cork screw stitches are used for the skin and rectus sheath catgut being employed only for the perineum. In the presence of hyperplasia of the endometrium dilatation and curettage are of value as preliminary measures.

ANDREWS states that while most gynecologists agree that operative treatment is best in cases of fixed retroversion a uterus may be thought of as

"Many patients with a retroverted uterus may be assured that the pelvic organs are not responsible for their symptoms. The idea that a mobile retroverted uterus of normal size is the cause of pain on defecation or of hemorrhoids does not seem reasonable. Operation is usually done in cases with dyspareunia or cases of repeated abortion in a woman who has not given birth to a child. The cause of dyspareunia may be pressure on the body of the uterus as well as pressure on the ovaries. In the

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the opposite side

PARAMORE reviews the surgical treatment of

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The symptoms of sterility, dysmenorrhea, menstrual aberrations, leucorrhoea and backache are complained of not only by women with retroversion of the uterus but also frequently by those with anteversion. In cases of retroversion menstruation

covered by squamous epithelium Blocking of the

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The vaginal mucosa is lined to the external os by stratified squamous epithelium which is resistant to bacteria and contains no glands favorable for their lodgment The cervical mucosa is covered with columnar epithelium the invagination of which forms numerous deep racemose glands Infection of the cervix is favored by laceration during labor and by lochia which renders the vaginal secretion alkaline Normally the acid reaction due to the presence of Doederlein's bacillus counteracts the pathogenic action of the bacilli which are present in the vagina

In virgins the condition commonly termed

first stage of labor If lacerations occur in spite of this precaution accurate repair is essential as they show little tendency to heal

The methods used to obtain a cure are the following

1 The application of antiseptics such as 10 per cent formalin iodized phenol or 20 per cent argyrol to the eroded surface after removal of the glairy mucus by liquor potassæ This method is not very effective because of the number of treatments necessary and the failure of the agents to penetrate to a sufficient depth

2 Puncture of the nabothian follicles with the dull red actual cautery This treatment may be followed by improvement but a cure seldom results and the cervix still remains a possible site for carcinoma

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IRVING L. DUDMAN M D

Bonney A Myomectomy as the Treatment of Election for Uterine Fibroids *Lancet* 1925 clix 1060

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The greatest number of tumors removed by Bonney at one operation was eighty The successful

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# GYNECOLOGY

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dyspareunia or cases of repeated abortion in a woman who has not given birth to a child. The cause of dyspareunia may be pressure on the body of the

obstruction may result in varicocele an increase in the weight and size of the uterus hyperplasia of the endometrium with metrorrhagia a cystic condition

tion the practice of bringing up a loop of round

tion of urine

1911

which the interposition operation was ultimately derived

The symptoms of sterility dysmenorrhoea menstrual aberration leucorrhoea and backache are complained of not only by women with retroversion of the uterus but also frequently by those with anteversion. In cases of retroversion menstruation

If malignancy is found the radium is allowed to

inflammatory masses fever hæmorrhage and serious cardiac renal pulmonary and metabolic disturbances

from the back

The results in 117 cases of cancer of the uterus treated in the period from August 1911 to April 1924 are reported. Of the patients treated before 1911 71 per cent died or developed a recurrence. 15 per cent were free from recurrence for from three to seven years. 14 per cent were lost track of before three years but were without recurrence as long as they were under observation. Of the 50 per cent

Pregnancy occurs after tubal insufflation in 95 per cent of cases of sterility. MAGNUS P. URVÆS M.D.

Soir

The author reports a case of hæmatocele due to tubal rupture in which microscopic examination showed a chronic hæmorrhagic pachymeningitis

accident and one from a heart lesion five had had incomplete operations previously and two died following hysterectomy performed by another surgeon after radium treatment.

In conclusion the author states that since the treatment of a

rupture when the frail tubal wall becomes infected. Hæmorrhage from an inflammatory lesion is usually manifested as a hæmatocele. In hæmorrhagic pachymeningitis which is almost always bilateral the tubes become enveloped by adhesion

local and general irritation early pathological diagnosis in suspicious and proved cases and the pre-operative use of radium and the X-ray followed by radical removal of the uterus and parametrium.

VIRGIL E. DUDMAN M.D.

and is rarely found in the isthmus.

The tubal epithelium is

#### ADNEXAL AND PERIUTERINE CONDITIONS

Rubin I. G. Diagnostic Value and Therapeutic Application of Per Uterine Insufflation of the Fallopian Tubes in Cases of Sterility. *Proc. Roy. Soc. Med. Lond.* 1925 212 Sect. Obst. & Gynec.

by perivascular and interstitial sclerosis results. After rupture of the tube the vessels may remain open.

absence of tubal pregnancy are very rare. Fre

removal of so large a number has been rendered

ovariopelvic ligament the circulation through the uterus is entirely stopped and the operation becomes bloodless. The clamp is applied from the front

arteries enter the uterus

If possible Bonney removes all of the tumors through a single anterior incision in the uterus. Opening of the uterine cavity has not been followed by any ill results and is advisable in most cases in order that small submucous tumors may not be overlooked. In the closure of the major enucleation cavities and in the reconstruction of the uterus Bonney employs silk for the main mattress sutures.

In a series of 120 cases in which Bonney performed a myomectomy there were three deaths. Two of these deaths were due to pyretic obstruction of the intestine. In neither case was it possible to determine the cause of the intestinal paresis and distention. The third death was due to pulmonary embolism. In an earlier series of 100 cases there were two deaths, one due to postoperative hemorrhage discovered too late and one due to peritonitis secondary to postoperative oozing from the uterine wound. The total mortality in the 220 operations was therefore 2.09 per cent.

Convalescence after myomectomy is usually

fibroids it is necessary to wait until the uterus is of a normal size before returning it to the abdomen for, though involution occurs after myomectomy as after parturition, it must not be depended upon too much.

A number of Bonney's patients have become pregnant. In two cases in which the

the cases in which the fibroids were accompanied by dysmenorrhea their removal was followed by immediate cessation of the pain.

In comparing myomectomy with hysterectomy for fibroids the author cites the influence of the uterus in the maintenance of ovarian activity. When this function is lost as the result of removal of the organ climacteric symptoms due to ovarian atrophy develop several years earlier than in the case when the uterus is not removed.

When pregnancy is complicated by fibroids requiring operation its interruption is usually unnecessary if the number of fibroids is not large.

ROLAND S. CROW, M.D.

Spaulding, A. B. Mortality Rates of Carcinoma of the Uterus in California. *California & West Med.* 1925, XLII, 1197.

In California cancer is responsible for about 9 1/2 per cent of the deaths and 14 1/2 per cent of the cancers are situated in the genital organs.

From a study of a series of cases the author concludes that cancer probably does not start from a single cell but that many cells in a particularly disturbed environment develop malignant character.

pelvic examination at reasonable intervals even in

discussions of advanced cancer.

Radiation is an invaluable aid in the treatment of cancer. It is curative when it is used early enough and in later stages of the disease it frequently gives comparative comfort. The author has obtained a cure only in cases subjected to early complete hysterectomy. In some instances this operation was supplemented by pre-operative or postoperative radium or X-ray treatment. The immediate mortality following hysterectomy was 19 per cent. This high mortality has since been lowered by better staff organization and improved technique.

In the treatment used today X-ray and radium irradiation is given and about five weeks later a radical hysterectomy with removal of the parametrium is performed. Postoperative irradiation is given only in the treatment of recurrences. Suspected cases are subjected to diagnostic curettage and the introduction of 100 mgm. of radium while the diagnosis is being made from the frozen section.

The fermentation test is at present the only means whereby the gonococcus can be differentiated from other gram negative diplococci. The gonococcus isolated from infants ferments only dextrose and in this respect does not differ from the strains isolated from adults.

## MISCELLANEOUS

Schmitz E F. Bladder Fistulae in Gynecology and Obstetrics. *Surg Clin N Am* 1925 v 1345

Schmitz presented at his clinic the following six cases of bladder fistula

the base of the bladder

ectomy. The opening was of moderate size and situated in the central portion of the vaginal vault. A vesicovaginal fistula following forceps delivery. The opening was situated under the pubic

material is obtained during the acute stage of the disease.

ROLAND S. CROOK, M.D.

Cecil A B. Destructive Lesions of the Female Urethra in Childhood. A Differential Diagnosis from Female Hypospadias. *J Urol* 1925 xiv 441

The term female hypospadias is applied to complete or partial absence of the urethra. This condition is extremely rare and has been confused with pseudofemale hermaphroditism and traumatic destruction of the urethra occurring in the early years of life.

The author reports a case of destructive lesion of the female urethra describing the operations which were performed to re-establish continence of the bladder.

Cecil believes that in a considerable number of the cases reported in the literature as female hypospadias the condition was not congenital but due to trauma.

author mentioned the necessity for complete immobilization of the bladder. The suture material used was the extra hard gut known as Dulox which is commonly employed in gastro intestinal surgery.

HARRY W. FRIE, M.D.

Keene F E. Perforating Ovarian Cysts (Sampson's) with Invasion of the Bladder Wall. Report of Two Cases. *Am J Obst & Gynec* 1925 x 619

Heaney N S. Adenomata of Endometrial Origin in the Laparotomy Scars Following Incision of the Pregnant Uterus. *Am J Obst & Gynec* 1925 x 625

Danforth W C. Adenomyoma of the Abdominal Wall. *Am J Obst & Gynec* 1925 x 630

Sampson J A. Heterotopic or Misplaced Endometrial Tissue. *Am J Obst & Gynec* 1925 x 649

Graves W P. The Relationship of Ectopic Adenomyomata to Ovarian Function. *Am J Obst & Gynec* 1925 x 665

KEENE reports two cases in which intense bladder symptoms were produced by endometrial invasion of the bladder wall secondary to endometrial cysts of the ovary.

Prior to operation the nature of the lesion was left in doubt.

result in incontinence of urine and it is doubtful whether attempts to reconstruct the vagina have

relieved the symptoms and restoration of the bladder to normal followed removal of both ovaries showing that excision of the affected area in the bladder is unnecessary.

HEANEY reports two cases in which it seemed clear that while the pregnant uterus was open pieces

Norris C G and Vogt M E Malignant Ovarian Neoplasms *Am J Obst & Gynec* 1925 x 684

with glandular adenocarcinoma 23 per cent were alive three years or more after operation as compared with 70 per cent of those with papillary adenocarcinoma. Almost 60 per cent of the patients whose condition appears favorable at operation survive for three years.

primary focus

The prognosis under such conditions is unfavorable. Seven of the authors eight patients failed to

In the presence of a malignant ovarian tumor on one side and a normal ovary on the other the safest procedure is a hysterectomy and bilateral salpingo-

E L CORVILLARD

## EXTERNAL GENITALIA

Scudder S A A Comparative Study of the Value of Stained Smears and Cultures in the Diagnosis of Gonorrheal Vulvovaginitis *J Urol* 1925 xiv 429

The author states that the diagnosis in cases of vulvovaginitis should depend upon smears and cultures from the urethra, vulva, vaginal introitus, upper vagina and cervix.

Smears are best made by evenly rolling (not rubbing) slender sterile cotton swabs over sterile glass slides.

The controls used in staining should be known gram positive and gram negative organisms such as staphylococci and bacillus coli.

If standard commercial dyes and acetone are

used that it will give you is

Persistent extracellular gram negative biscuit shaped diplococci in freely made and carefully

gonococci Epithelial cells etc. etc.

cure For the isolation and maintenance of gonococci as regards uniform character of growth and longevity of the strains the modified Thalmann medium described by Torrey and Butchell appears to be the best yet devised.

Normal ascitic fluid added to the medium at a temperature between 0 and 60 degrees C should be

isolation

Recurrence generally develops in the first year less frequently during the second year and rarely after the third year. The prognosis is decidedly less favorable in case of bilateral tumors than in those in which the neoplasm is single.

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inclusive In nearly all of these cases the bleeding

by a modified technique twenty-one were benefited for a short time only or were unaffected three were substantially benefited for a period of three years and six were entirely relieved of their symptoms

resume work One half of them have worked for a year or more Of 234 patients treated in the period from 1914 to 1919 thirty nine have remained healed for five years or more One patient has been cured for eleven years

Fifty four cases of carcinoma of the corpus were treated Of these twenty nine were inoperable Of seventeen patients who have been under observation for five years or longer ten remained free from symptoms after five years Fifty five per cent were free from symptoms after two years Of the inoperable cases of cancer of the corpus 44.4 per cent were cured after five years One patient whose condition was inoperable has been free from symptoms for nine years

hands have been treated with the x ray

The dosage and technique of the treatment are described in detail The combined treatment with

benefited at all was very large

DOVALDSON states that radium has proved of great value as a palliative agent in cancer It causes the cessation of the hæmorrhage either temporarily

patients were free from symptoms after four years

more than five years

In six cases of cancer of the urethra favorable results were obtained only when the urine was diverted by cystotomy and seeds of radium were implanted in the growth

Cancer of the vulva is difficult to treat radiologically because of the presence of infection and sloughing the lack of susceptibility of the involved tissues to the radium and the extreme sensitivity of the surrounding tissues Of thirty patients treated

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of endometrium were carried to the abdominal incision and there became engrafted. Few instances of such engrafting of endometrium have been reported after caesarean section an operation performed frequently and in which there is considerable chance of sewing endometrial debris in the wound but a relatively large number of adenomata have been observed after ventrofixation an operation which is much less frequently performed and in

GRAVES stated that while he cannot subscribe to

stances they do not cause symptoms. Usually however they swell and are painful during and for several days after the menstrual period and are

those of rectovaginal adenomyomata in which

in some instances even perhaps without endometrial stroma and in which the clinical history indicates the occurrence of some violence which would account for the transplantation or misplacement of endometrial mucosa.

CULLEN said he was more firmly convinced than ever that typical adenomyomata wherever situated are of muellerian duct origin. Their glands and stroma are identical in appearance with those of the

Heyman J Radiological Treatment of Inoperable Cancer of the Female Pelvic Organs B & M J

1925 11 827 The Cancer of the Pelvic

Cancer

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A duration of the  
cases of in-  
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inclusive In nearly all of these cases the bleeding was stopped for longer or shorter periods In nearly two thirds the vaginal discharge has stopped and

by a modified technique twenty-one were benefited for a short time only or were unaffected three were substantially benefited for a period of three years and six were entirely relieved of their symptoms

for eleven years

Fifty four cases of carcinoma of the corpus were treated Of these twenty nine were inoperable Of seventeen patients who have been under observa-

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dition was inoperable has been free from symptoms for nine years

The results of the treatment of inoperable cancer of the ovaries were not good At the end of four years all of the patients were dead In cases in which the ovarian tissue was removed but metastases were left the results were better One fourth of the patients were free from symptoms after four years

benefited at all was very large

DOVALDSON states that radium has proved of

more than five years

In six cases of cancer of the urethra favorable results were obtained only when the urine was diverted by cystotomy and seeds of radium were implanted in the growth

Cancer of the vulva is difficult to treat radiologically because of the presence of infection and sloughing the lack of susceptibility of the involved tissues to the radium and the extreme sensitivity of the surrounding tissues Of thirty patients treated

Of sixty four patients with inoperable carcinoma of the cervix who were treated with radium for more than one year twelve are living and of those who died fourteen survived for more than one year

FORSYTHE gives the contra indications to the use of radium as old pelvic peritonitis a virulently infected growth cachexia fistulae and involvement of the bladder and ureters He reports the results of treatment of 196 cases of cancer of the cervix 100 of which were inoperable The results were similar to those reported by others HARRY W FINK M D



# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Williams J T Pyelographic Findings in Pyelitis Complicating Pregnancy *Am J Obst & Gynec* 1925 x 765

The X ray findings in eight of eleven cases of pyelitis complicating pregnancy suggested kidney

from the uterus Infection of the sac occurred subsequently

The fetus was well preserved there being only a slight desquamation on its back At no period during the entire course of the pregnancy was there any acute pain or sudden illness except a fainting attack which occurred when the patient was on the way to the maternity hospital

The treatment in this case was comparatively simple the separation of the thrombosed placenta being effected with ease and followed by only slight hemorrhage

In advanced ectopic pregnancy the management

portance recommend delaying operation until some

time after its death so as to permit separation of the

that immediate operation may be performed if it

the ureter additional strain upon the excretory

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Kjnoch J A Abdominal Pregnancy Secondary to Tubal Gestation at Term with Notes of a Case *Edinburgh M J* 1925 xxxi Tr Edinb Obst Soc 159

The author reports a case of full term abdominal pregnancy in which the ovum was probably implanted primarily in the right fallopian tube but passed into the abdominal cavity with unruptured

## LABOR AND ITS COMPLICATIONS

Bettmann E A Case of Spontaneous Circular

he

In Bettmann's opinion circular tearing off of the portio vaginalis is due to (1) primary or secondary rigidity (2) mechanical pressure injuries and (3) inflammatory changes Predisposing factors are premature rupture of the fetal membranes very strong labor pains and disproportion between the pelvis and the presenting part

The case reported in this article was that of a 24 year old primipara with a normal pelvis. After pre-

brech presentation was delivered

The puerperium was normal. Microscopic examination of the tissue showed marked edema and irregular round cell infiltration, lack of elastic fibers and excessive development of connective tissue.

WILLE (G)

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P — —

toward the position of the sacral promontory. By pressure of the thumb on the near side and of the fingers on the far side close into the sides of the lower portion of the uterus practically direct pressure can be exerted upon the main uterine vessels at their

of producing complete inversion of the uterus. If the uterus is maintained with the right or lower hand at the level of the pelvic brim the left or upper hand if strong enough can express the placenta effectively without risk of inversion.

Perhaps the most valuable use of this position of the uterus is in postpartum hemorrhage. It is usually easy to get the uterus out of the pelvis by pressing the finger tips downward and inward behind the symphysis pubis. It is practically as easy in the case of a patient who has not been anesthetized as in the case of one who is under anesthesia. It is especially easy to press the uterus up when it contains a considerable amount of blood clot. When the uterus is controlled between the hands postpartum hemorrhage can be very effectively stopped and as the position of the hands does not impose very much strain upon them the pressure can be maintained easily for a long period.

ROLAND S. CRON, M.D.

#### NEWBORN

Richardson C. H. Jr. Intracranial Injuries in the Newborn. *J. Med. Ass. Georgia* 1925 xiv 484.

The author urges greater care in the use of forceps in delivery and closer observation of the infant for the first few days after birth. He states that 50 per

adjacent to it. Such injuries may occur even in easy labors but are most common in cases of breech

judicious use of the forceps. Precipitate labor does not allow sufficient time for molding and forces the fetal head through an undilated cervix or over an unyielding perineum. The injudicious use of pituitrin may therefore cause intracranial hemorrhage. In high forceps cases the immediate infant

uterus is pressed upward and backward so that it lies in the high position the amount of bleeding will

is just escaping from the vulva its weight is supported the membranes may be stripped very satisfactorily by pushing the uterus gently upward and backward.

When forcible expulsion of the placenta becomes necessary students are warned regarding the danger

causes of intracranial hemorrhage are believed to be trauma, asphyxia, congestion, prematurity and blood disease. Intracranial hemorrhage produces a bulging and tenseness of the anterior fontanel and if progressive is followed by convulsions, paralysis, coma, and death.

Marked asphyxia may denote intracerebral injury and violent efforts at resuscitation only aggravate the condition. If the patient reacts and survives cerebral irritation is manifested by restless

ness incessant crying pallor and refusal to nurse due to the absence of the normal sucking reflex Examination of the eyegrounds reveals retinal hemorrhage and inequality of the pupils The blood examination may show delay of coagulation

of from twelve to twenty four hours depending upon the extent of the intracranial extravasation and repeated until there are no signs of cerebral compression This treatment gives immediate and often permanent relief If the coagulation of the blood is delayed an intramuscular injection of whole blood may be given into the buttocks or the longitudinal sinus

The infant should be kept in a quiet darkened

Sharpe W and MacLair A S Further Observations of Intracranial Hemorrhage in the Newborn *Surg Gynec & Obst* 1925 21: 583

Little in 1843 and MacNutt in 1885 reported that in 75 per cent of the chronic cases of cerebral spastic paralysis associated with mental retardation the

puncture upon a series of consecutive newborn babies at the City Hospital Welfare Island New York City This report is based upon the fifth 100 infants studied The lumbar puncture was done from twenty four to forty eight hours after birth Of these 100 cases blood or blood tinged fluid was obtained in six In nine a dry tap occurred In

assumed that intracranial hemorrhage is fairly common following normal spontaneous labor

The authors believe that a combination of measures to increase the coagulability of the blood repeated spinal puncture and in certain cases subtemporal decompression will give better results in the treatment of these cases

HARVEY B MATTHEWS M D

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Smith C G and Shoemaker A B The End Result of Hypernephroma *J Urol* 1925 x1 389

Ockerblad concludes that as creatinin is an end product in the body chemistry which requires no further reduction is not stored in the tissues and is completely excreted by the kidney, it is an ideal substance for use in determining kidney function

ALTON OCKERBLAD M D

Elsendrath D N Philfer F M and Culver H B Horseshoe Kidney *Ann Surg* 1925 lxxvii 735

we e r l es

Contrary to early belief pain was the most common symptom being present in thirty two cases Hematuria which was emphasized in the past as one of the most common signs of the condition was found in only twenty seven cases A palpable tumor

body The parenchyma around the respective pelvis of each half of the kidney may fuse or the two halves

be made to determine whether metastasis has occurred When metastases are multiple the case is inoperable When the tumor is single and easily accessible early amputation should be done or high voltage X ray treatment given Metastases occur most commonly in the long bones The operative risk is moderately high but operation often prolongs life Cases not operated upon are usually soon fatal

HARRY W LAGGENMEYER M D

chyma

4 Cake or L kidney These are simply sub

Ockerblad N F Further Studies in the Application of the Creatinin Kidney Function Test *J Urol* 9 5 xiv 47

portion

The two halves of a horseshoe kidney may be

Ockerblad has used the creatinin test of kidney function in over 1 000 consecutive cases and regards it as the best test yet devised An intravenous injection of 250 mgm of creatinin is followed by a marked increase in the output of creatinin in the

phenomenon of nephrothalein test

(woman) hence the renal shadows and pyelograms are often directed obliquely inward The upper poles in s formed b when the In about the lower poles

at the level of the normal hilus and resembles that

pendently in the ureter. As a rule the ureters pass across the front of the isthmus this accounting for the frequency of calculi hydronephrosis etc. The location of horseshoe kidney is usually just above

hilus poles and isthmus in a very irregular manner. The isthmus can be clamped as it is divided and the denuded area closed by mattress sutures of chromic gut reinforced at loop and knot by fat pads.

C. R. O'CONNOR, MD

Hinman F and Hepler A B Experimental

This article gives the results noted in a second

arily are more apt to cause obstruction through fixation and kinking than in the case of the normal ureter.

2. Abnormal location of the pelvis on the ventral aspect of the kidney insertion of the ureter at a higher point than the bottom of the pelvis and absence of a pelvis proper all of which favor stagnation of urine and subsequent infection.

employed partial compression of the renal artery which diminishes the blood flow and intrarenal blood pressure and thereby reduces the amount of urine secreted. These and the previous studies of the effect of splanchnotomy indicate that undue importance has been given to urinary back pressure as

renal pain was attributed to pressure of the isthmus on the large vessels behind it (aorta and vena cava). The complete relief of the symptoms after division of the isthmus (symphysiotomy) lends support to this compression theory. In such cases the pain is referred to both lumbar regions and is vaguely localized in different parts of the abdomen. The

killed seven fourteen twenty one twenty eight and fifty six days after the operation. In each instance the kidney was found enlarged and in the later periods the enlargement was marked. The

to the pelvis must be from the ventral rather than the dorsal aspect as in the ordinary (posterior)

Sosman M C Renal Roentgenography During Operation *Surg Gynec & Obst* 1925 xli 682

follows

Before the operation is begun the portable X ray machine is placed in the operating room and tested and a small rubber bag is sterilized and placed on the

gauze and the rubber bag machine is wheeled into

sent to the surgeon The entire procedure requires only ten minutes

C RUTHERFORD O CROWLEY MD

Elsendrath D N Ureteral Strictures Kinks and Abnormal Inserts *Surg Gynec & Obst* 1925 xli 55

The use of special bougies supplemented by ureteropyelography has taught that ureteral strictures kinks and abnormal insertions into the renal pelvis are easily demonstrable and must be taken

ureter must be borne in mind

In ureteropyelography the amount of fluid and pressure used are of little importance in widening the shadow of the ureter but when inflammatory changes are present in the ureteral wall and especially when they have been present for a long time a wider shadow is the rule When a stricture is suspected the possible presence of such an inflammatory dilatation must be considered in the interpretation of

tion by bulb bougies the use of ureteral bougies and ureteropyelography is necessary

Before the exposure the renal pelvis should be

spasm may not be interpreted as a constriction It is necessary also to bear in mind the marked variations in the ureteropyelograms of normal persons

Kinks may often be found upon inspection of a normal ureteropyelogram Redundancy of the ureter will account for many reduplications seen in otherwise normal cases A kink may play a part in the causation of abdominal pain recurrent colics

high level

Normally the ureter arises from the most depend

LOUIS NEUWELT MD

Rathbun N P The Incidence of Ureteral Stricture *J Urol* 1925 xiv 403

Ureteral stricture is very common but may not

of the ureter is not made

In the

sequence

Of 739 cases routinely examined in the clinic in 1924 a diagnosis of ureteral stricture was made from the X ray picture alone in ninety two Forty eight of the patients with stricture were males In seven cases tuberculosis was found In twelve of the cases of ureteral stricture a stone was discovered in the renal pelvis and in five in the ureter In thirty four cases the urine contained no pus and was sterile

The most accurate method of determining the caliber of the ureter at different levels is the use of solid bougies of different sizes To prevent decep-

posure is essential because of the many accessory vessels (both arteries and veins) which enter the

the aortic bifurcation but it may be anywhere from the normal level to the true pelvis

It is important from the operative standpoint to remember that multiple arteries and veins for each half and often for the isthmus as well are found in 80 per cent of the cases

The factors favoring pathological conditions in a horseshoe kidney are

- 1 The crossing of the isthmus by the ureter

fixation and kinking (that is the case of the normal ureter)

- 2 Abnormal location of the pelvis on the ventral aspect of the kidney insertion of the ureter at a higher point than the bottom of the pelvis and absence of a pelvis proper all of which favor stag-

Aside from the syndrome first described by Rov

Hinman F and Hepler A B Experimental

*Arch Surg* 19 5 20 639

effect of splanchnotomy indicate that undue importance has been given to urinary back pressure as a factor determining the degree of hydronephrosis

dogs Through a loin incision the kidney was exposed the ureter was divided between ligatures and the renal artery was isolated and then compressed by a special technique The dogs were killed seven fourteen nineteen-one twenty-eight and fifty-six days after the operation In each instance the kidney was found enlarged and in the late periods the enlargement was marked The rate of

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arterial compression weakens the resistance accelerates dilatation in spite of diminution and back pressure

MAURICE MILLER M D

Sosman M C Renal Roentgenography During Operation *Surg Gynec & Obst* 1925 xli 682

follows

gave strips of tapes the machine is wheeled into

will develop quickly The film is developed immediately fixed and returned to the operating room or if the kidney is entirely free from stones a report is sent to the surgeon The entire procedure requires only ten minutes

C RUTHERFORD O CROWLEY M D

Elsendrath D N Ureteral Strictures Kinks and Abnormal Inserts *Surg Gynec & Obst* 1925 xli 557

In the examination to determine the presence of a stricture the normal variations in the caliber of the ureter must be borne in mind

cially when they have been present for a long time a wider shadow is the rule When a stricture is suspected the possible presence of such an inflammatory

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The most accurate method of determining the caliber of the ureter at different levels is the use of solid bougies of different sizes To prevent decep-

tion by bulb bougies the use of ureteral bougies and ureteropyelography is necessary

Before the exposure the renal pelvis should be filled and after the first exposure a little more of the opaque medium should be injected until the catheter has been completely withdrawn A second film should then be made A third and fourth film taken at intervals of fifteen and thirty minutes after the first film will often reveal retention of the opaque medium In the interpretation of ureteropyelograms care is necessary in order that an inflammatory dilatation may not be mistaken for a mechanical dilatation proximal to a stricture and a localized spasm may not be interpreted as a constriction It is necessary also to bear in mind the marked variations in the ureteropyelograms of normal persons

Kinks may often be found upon inspection of a normal ureteropyelogram Redundancy of the ureter will account for many reduplications seen in otherwise normal cases A kink may play a part in the causation of abdominal pain recurrent colics

high level

Normally the ureter arises from the most dependent portion of the renal pelvis but in faulty development it may join the pelvis at a higher point Before entering the kidney it may pass in front of or behind the lowermost point of the renal pelvis The recognition of anomalies is of great importance

LOUIS NEUWELT M D

Rathbun N P The Incidence of Ureteral Stricture *J Urol* 1925 xiv 403

Ureteral stricture is very common but may not be diagnosed because it is not looked for It may be overlooked if a No 6 catheter passes up to the

malities such as a double renal pelvis and a bifid ureter may also be demonstrated by this technique

In seven cases tuberculosis was found In twelve of the cases of ureteral stricture a stone was discovered in the renal pelvis and in five in the ureter In thirty four cases the urine contained no pus and was sterile

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epithelioma adenocarcinoma myxoma fibroma and sarcoma. He says that in every case of hematuria a cystoscopic examination should be made first. He suggests that papillomata may be a special feature of the major

A decrease in the intervals of freedom from hematuria suggests malignancy. The age of the patient is of little importance. Long slender waving translucent villous processes are nearly always benign. The stunted compact and fleshy

plaque are benign but suspicious. Multiple growths

cystoscope is useless.

The present day treatment of bladder tumors is diathermy or open operation. The author reserves

than simple tumors. Swan prefers to remove them by open operation. After the removal of bladder tumors by open operation he always drains the

Kidd F. A Note on a Cystoscope of New Type Designed for the Application of Diathermy to Bladder Tumors. *Lancet* 1925 cccx 1282

one pole of a powerful diathermy machine and terminates at its distal end in a large metal ball perforated by a hole to permit the circulation of the irrigating fluid. This metal tube or electrode is insulated with bakelite except at its terminations and is passed into the bladder armed with a metal obturator.

After the introduction of the cystoscope and irrigation of the bladder in the usual way a straight cystoscope insulated by the bakelite is inserted through the lumen of the tube. When this is rotated

## GENITAL ORGANS

Bumpus H. C. Jr. Radium and the Roentgen Ray in the Treatment of Sarcoma of the Prostate. *J. Urol.* 1925 xiv 519

The author adds five cases of sarcoma of the

prostate to those already reported making a total of about seventy five authentic cases. The characteristics of sarcoma of the prostate are determined by the type of the sarcoma and the age of the patient. Myosarcomata are firm and elastic while fibrosarcomata are firm and resistant. The younger the patient the more rapid the growth of the tumor and therefore the less dense its consistency. Of 1000 carcinoma of the prostate studied at the Mayo Clinic none occurred in men under 42 years of age. Any malignant tumor occurring under the age of 40 years therefore should be considered sarcoma.

reported benign at operation the recurring tumor was a carcinoma. In four of these cases death occurred from metastatic carcinoma. In four cases operation was followed by recurrence in the suprapubic scar. In two cases resection and diathermy had no effect in arresting further recurrence. One patient who died was operated upon eleven times.

In thirty seven of seventy two cases of villous carcinoma operation was refused by the surgeon and in five was uncompleted. All forty two of these patients died. Of thirty patients subjected to radical removal of the growth two died as the result of the operation and eleven remained free from recurrence for from one to twelve years. In ten cases the growth recurred eight of these patients are known to have died and one cannot be traced.

BENJAMIN F. ROLLER, M.D.

half years after the beginning of treatment. In the second case that of a child of 3 years a myxosarcoma was treated by surgery and one radium and roentgen ray exposure. Death occurred in a few months. The third case was one of lympho

All of the cases of ureteral stricture showed a dilatation above the stricture. In the majority this involved the renal pelvis and in many was complicated by infection. In stricture of the ureter routine examination alone often gives great relief.

HARRY W. FLAGGMEYER M.D.

McArthur L. L. A New and Simple Repair of Ruptured or Strictured Ureters. *Surg Gynec & Obst* 1925 xli 719.

McArthur reports the successful repair of a traumatically severed ureter. He describes his technique as follows:

When a portion of a ureter is lost a long

cases there was total obstruction and no kidney

examination

MALCOLM DILLON, M.D.

# BLADDER URETHRA AND PENIS

Hager B. H. and Magath T. B. The Etiology of Encrusted Cystitis with Alkaline Urine. *J Am Med Ass* 1925 lxxxv 1352.

From their study and experiments Hager and Magath conclude that the inorganic salts which are deposited in the mucous membrane in cases of encrusted cystitis with alkaline urine are due to a

and vesical end and the catheter simply remains *in situ* until in the judgment of the operator an epithelial lining has had time to grow between the ends. The length of time required has not been determined definitely but the occurrence of epithelization has been amply demonstrated by the various reconstruction methods that have proved successful.

JOHN G. CHEETHAM M.D.

Peacock, A. H. Impacted Calculi of the Ureter. Treatment and Results in Sixty Cases. *J Am Med Ass* 1925 lxxxv 1943.

vert urea into ammonia

Since encrusted cystitis is far more common in the presence of ammonia of the

history often takes the form of a question. The authors were successful in isolating the organism once from a culture of a stool.

Swan R. H. J. Some Reflections upon Villous Covered Tumors of the Urinary Bladder. *Proc Roy Soc Med Lond* 1925 xix Sect Ur 1.

Swan discusses villous covered growths arising from the epithelia of the bladder not including

was first seen was nine years in 1917

3 A patient with subacute posterior urethritis and vesiculitis developed suddenly what appeared to be orchitis on one side. The testicle and epididymus were normal but the vas showed thickening and infiltration at the point of contact with the tunica vaginalis. This was doubtless an acute periorchitis resulting from the extension of the infection along the sheath of the vas. The infiltration of the vas at the point of contact with the tunica vaginalis explains also some of the apparent instances of epididymitis involving the head and not the tail of the epididymus.

sheath of the vas

5 In the case of a patient who was subjected to vasotomy swelling of the testicle on the same side occurred six weeks later. The scrotum was opened

experiments performed to demonstrate the possibility of the passage of infection along the sheath of the vas. From twenty-four freshly autopsied cadavers he removed the bladder prostatic seminal

deferens as a means of transmission of infection from the seminal vesicle. The infection may be

secondarily to a subacute or chronic infection of the seminal vesicles which is carried along the sheath of the vas deferens.

CLAUDE D. HOLMES, M.D.

#### MISCELLANEOUS

Mathe C. P. The Present Day Status of Urology in Europe. *Internat. J. Med. & Surg.* 1925 xxxviii 416

Mathe's article is a resume of the old and new methods used by European urologists and does not

lead itself well to abstracting as it is essentially an abstract itself.

The subjects discussed include the different methods of testing the function of the kidney X-ray work with special reference to the study of the filled renal pelvis under the fluoroscope the methods of inducing anaesthesia for urological operations operative urology new advances in pathology the treatment of special disease such as genital tuberculosis the European attitude toward vaccine therapy special methods in the treatment of bladder tumors and pyelitis abortive treatment of

#### Braasch W. F. Errors in the Interpretation of Urographic Findings. *J. Urol.* 1925 xiv 631

The factors most influential in bringing about the general use of urography are the employment of comparatively harmless media standardization of the technique and wider familiarity with pyelographic interpretation. A 1 per cent solution of sodium iodide is now being generally employed.

In the interpretation of urograms the personal equation is an important factor. All the deformities observed in urography are not always typical great care must be used in their interpretation. Inter-

is a frequent source of error in interpretation. Blood clots may cause apparent filling defects suggesting a neoplasm.

The correct interpretation of the outline of the ureter is particularly difficult. The diagnosis of stricture of the ureter, kinks and other pathological peculiarities is frequently made without an accurate basis. Elasticity and distensibility of the normal ureter should always be recognized. Accurate uniform distention of the ureter is usually difficult. Apparent kinks of the ureter may be caused by

pelvis seem to be particularly prone to such spasmodic irritation. Apparent stricture of the ureter

deformity is always bilateral

sarcoma in a man aged 28 years. The treatment consisted in cystostomy and the direct application of radium. Death occurred five months later. The

tomy three years later.

The results are definitely better when both surgery and irradiation are used than when surgery alone is employed.

Springer H. A. The Closed and Open Method in Suprapubic Prostatectomy. A Case Report. *Ohio State M J* 1925 xii 918.

The author reports the case of a farmer 69 years

family physician. The report showed that at no time in the course of the convalescence was there any soiling with urine.

On the basis of a number of cases treated by this method the author summarizes the advantages of the procedure as follows:

1. Secondary infection from the external wound can be prevented.

2. The abdominal wound heals by first intention.

3. The infected bladder is freed from bacteria.

4. Postoperative complications such as secondary hemorrhage and uræmia are frequently prevented.

5. Convalescence is materially shortened.

6. The patient is comfortable throughout the treatment.

7. The nursing problem is simplified and the expense to the hospital is reduced to the minimum.

CLAUDE D. HOLMES, M.D.

Webb Johnson A. E. Embryoma of the Testis. *Brit M J* 1925 ii 1048.

The author's patient was a 31 year-old man who complained of pain in the right lumbar region which was noticed only on movement. The morning after his admission to the hospital when he was up and about he suddenly fell down and appeared to be dying. In spite of every effort at resuscitation he died within ten minutes.

Autopsy revealed a thrombus of the pulmonary artery.

cent

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worm gut

The patient was then put to bed and closed drain

examination of the contents of the scrotum.

LOUIS GROSS, M.D.

Rolnick H. C. Infections Along the Sheath of the Vas Deferens. *J Urol* 1925 xiv 371.

As proof that infections may be transmitted along

vented. Twice a day the drip was opened and the

3 A patient with subacute posterior urethritis

and itself well to abstracting as it is essentially an abstract itself

The subjects discussed include the different methods of testing the function of the kidney, X ray work with special reference to the study of the filled renal pelvis under the fluoroscope the methods of inducing anaesthesia for urological operations operative urology new advances in pathology the treatment of special diseases such as genital tuberculosis the European attitude toward vaccine

plans also some of the apparent instances of epididymitis involving the head and not the tail of the epididymis

extension of the perivesicular infection along the sheath of the vas

Braasch W F Errors in the Interpretation of Urographic Findings *J Urol* 1925 xiv 631

The factors most influential in bringing about the general use of urography are the employment of comparatively harmless media standardization of the technique and wider familiarity with pyelo-

as he removed the bladder prostate seminal vesicles, seminal ducts and testicles injected a 50 per cent solution of sodium iodide or sodium bromide into the sheath of the vas near the bladder and

a neoplasm

The correct interpretation of the outline of the ureter is particularly difficult. The diagnosis of stricture of the ureter and other pathological peculiarities is frequently made without an accurate basis. Elasticity and distensibility of the normal ureter should always be recognized. Accurate uniform distention of the ureter is usually difficult. Apparent kinks of the ureter may be caused by

thickening of the parietal tunica vaginalis may develop secondarily to a subacute or chronic infection of the seminal vesicles which is carried along the sheath of the vas deferens

CLAUDE D HOLMES M D

# MISCELLANEOUS

Mathé C P The Present Day Status of Urology in Europe *Internat J Med & Surg* 1925 xxxviii 416

Mathé's article is a résumé of the old and new methods used by European urologists and does not

pelvis seem to be particularly prone to such spasmodic irritation. Apparent stricture of the ureter near the ureteropelvic juncture occurs frequently in the presence of stone in the kidney.

The degree of displacement with renal tumor and

alone

The presence of an anomaly of the renal pelvis may be inferred from the proximity of the pelvic

ureter is most frequently found in the presence of chronic  
culosis  
rare  
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is best treated by cauterization

Hexamethylenamin is of the greatest value when the urine is rendered acid. It is difficult to render the urine acid with the drugs usually employed. Recently it has been found by Keith and others

Chu

Calcified abdominal glands are usually tuberculous. They may or may not be associated with urinary symptoms. Pain when present is not

great care and as a last resort since fatalities have occurred following its use

Stevens A R. Indications for Surgery in Gonorrhea in Men. *Internal J Med & Surg* 1925 xxxviii 468

glands will be found to change their position while those of calcified retroperitoneal glands show no change

In perurethral inflammation incision is contra indicated until there is definite fluctuation. Every effort should be made to favor the resolution of the indurated masses

Cowperitis is usually seen in hospitals as a perineal abscess. At this stage the treatment indicated is simple incision and drainage without opening of the urethra

Pyelitis is easily cured by lavage of the renal pelvis

Braasch W F. The Recognition and Treatment of Urinary Infection. *J Lancet* 1925 xlv 57

In many cases of distention of the bladder second

mine whether the local condition was not at the

The usual operation is epididymotomy

greatest importance is the septic cortical nephritis of Brewer is for some reason not observed nearly as frequently today as formerly

cystitis and

operation most commonly performed but should be reserved for cases with marked superficial fluctuation and those that show evidence of periprostatic inflammation. If the abscess feels as if it is ready to

**Bugbee H G Multiple Stage Operations in Urological Surgery** *South M J* 1925 xviii 871  
Urological cases which are very poor operative

and the infection and congestion of the bladder and prostate subside. This procedure requires a week or more.

The ideal treatment of gonorrheal stricture is gradual dilatation. Tight strictures complicated by infection (extra urethral abscess) or extravasation of urine should be opened together with the urethra as soon as possible. Patients without penurethral infection who are suffering from acute retention due to a stricture which will not permit the passage of even a filiform bougie should be placed in a hot bath as this may permit emptying of the bladder through the urethra. After this treatment and rest in bed it is sometimes possible to pass filiform and small instruments operation being rendered unnecessary. If these measures fail an external urethrotomy with perhaps an internal urethrotomy in addition should be done under spinal anesthesia. In the cases of very sick patients suprapubic cystostomy under local anesthesia may be necessary to relieve the kidneys. In cases of stricture permitting the passage of only small sounds in which further dilatation seems impossible internal urethrotomy is of great benefit.

LOUIS NEUWELT M D

can be assisted by an indwelling catheter after the urine is clear.

Other conditions indicating multiple stage surgery are stricture of the urethra, large vesical calculi, diverticula of the bladder, carcinoma of the bladder and prostate and conditions of the urethra and bladder requiring plastic procedures. In pyonephrosis a nephrotomy under local anesthesia will often save life and make nephrectomy safe. The author reports eleven such cases. Especially in cases of abscess drainage may prove to be the only operative treatment that is necessary.

BENJAMIN F ROLLER M D



alone

The presence of an anomaly of the renal pelvis may be inferred from the proximity of the pelvic

Chute A L The Difficulty in Distinguishing Between the Radiographic Appearance of Urinary Stones and Calcified Abdominal Glands *J Urol* 1925 xiv 48

Calcified abdominal glands are usually tuberculous. They may or may not be associated with urinary symptoms. Pain when present is not typical of renal colic.

Two groups of abdominal glands may be involved by calcification—those in the mesentery and those

change

In the diagnosis of urinary stones, calcified ab-

Brasch W F The Recognition and Treatment of Urinary Infection *J Lancet* 1925 xiv 57

Hexamethylenamin is of the greatest value when the urine is rendered acid. It is difficult to render the urine acid with the drugs usually employed. Recently it has been found by Keith and others that this can be done best by the use of ammonium chloride. Hexylresorcinol has been disappointing in the treatment of urinary infections. Mercurochrome given intravenously is best employed in cases of

Stevens A R Indications for Surgery in Gonorrhea in Men *Internal J Med & Surg* 1925 xxxviii 483

In periurethral inflammation incision is contra-indicated until there is definite fluctuation. Every effort should be made to favor the resolution of the indurated masses.

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to edit "in" phitis of Brewer is for some reason

cystitis and "

of bone and cartilage

edge of the pathological anatomy is based upon roentgenological examinations. Considerable variations are shown from the absence of a single cervical vertebra to complete absence of the cervical spine.

**Gauvain Sir H. Conservative Treatment of Tuberculous Disease of the Spine** *Brit M J* 1925 11 937

**Girdlestone G R. Operations for Spinal Fixation** *Brit M J* 1925 11 940

GAUVAIN reports that in from 30 to 40 per cent of cases of non pulmonary tuberculosis in children in England and Scotland the infection is due to the bovine bacillus.

In vertebral tuberculosis general and adjuvant methods of treatment are indispensable. Abscesses secondary to spinal caries should rarely be opened as secondary infection in such cases increases the

duration of the period of treatment are not devoid of danger will not prevent deformity and will not

The apparatus used may be of any type provided it is simple and comfortable and its principles are understood by the surgeon. The simple spinal brace is usually the best. The simple extensor is usually the best. The simple deformity

Plaster of Paris is often of great value in these cases. During convalescence which may require three or more years an ambulatory splint of

with spinal tuberculosis when the disease is quiescent after several years of recumbency and the destruction so extensive that it has produced instability

than to correct the angular deformity. Drainage of cold abscesses Girdlestone characterizes as con

A ganglion should therefore be applied either above or below the lesion depending upon its location.

ATTEN stated that he attempts to correct the deformity as completely as possible by fixation in recumbency. The bone graft operation will then hasten repair but should not be used in any sense as a back brace.

PYBUS spoke of the radical treatment of a cold abscess stating that good results may be obtained by removal of the pyogenic membrane treatment with iodine and primary suture. Care must be

ELMSLIE attributed the decrease in spinal deformities in the last few years to better open air hospitals and earlier diagnosis. He does not think the attempt to correct the deformity at its site is advisable.

patient to get up and walk about with support. He believes that this favors better drainage and

forming the fusion operation of Hubbs

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Blaisdell F E The Osteogenetic Function of the Periosteum *Arch Surg* 1925 51 933

Blaisdell reviews in detail the embryonic history of some of the long bones

The first evidence of bone formation is subperichondrial later vascular buds from the periosteum penetrate the subperiosteal cylinder of bone and absorption of the calcified cartilage occurs

genetic elements enter the cartilaginous diaphysis of a long bone in the vascular tufts or buds from the periosteum which as an osteogenic factor antedates the marrow In conclusion he suggests that more consideration be given the function of the

Mackinnon A J Osteomyelitis Its Treatment with Special Reference to the Use of Hipp *Canadian M J* 1925 9 5 xv 22 2

The bacterial action of hipp is due to the liberation of free iodine from the iodoform by the nitric

parts in the abscess cavity  
hipp and closed in layers

Many wounds so treated heal by first intention and in those which do not there is no evidence of deep inflammation ELVEN J BERKHEIMER M D

Pemberton R Cajori F A and Crouter C Y The Influence of Focal Infection and the Pathology of Arthritis Results of Experiments *J Am M Ass* 1925 1xxv 1795

sugar tolerance is decreased and returns toward or

arthritis is higher than that of normal persons

In the treatment a restricted caloric diet is advisable

The authors are inclined to the view that some disturbance of the circulation probably in the nature of closed capillary areas may bear an important relation to the etiology of arthritis and the rheumatoid syndrome FALL C COLVANA M D

Stellwagen T C Gonorrheal Arthritis Preliminary Report of a New Treatment *J Biol* 1925 xiv 661

nascent iodine when it comes into contact with the acid by products of bacteria

Stellwagen at first injected it intravenously but found that injections through the rectal mucosa had a quicker effect He has used this treatment in 150 cases

Noble T P and Frawley J M The Kippel Feil Syndrome *Am Surg* 1925 1xxiii 725

some variations of

Fracture of the hip in children is rare and often unrecognized. The treatment consists in fixation in abduction extension and internal rotation. If union is firm and deformity is present a subtro-

patellar bursa was found constant in size and outline. In men it extended from 10 to 12 cm. and in women and young persons from 9 to 10 cm. above the joint line. In all cases it was in direct communication with the knee joint. It extended more

of the tendon of the contracting quadriceps extensor muscles. In sixteen cases the popliteal bursa was demonstrated running downward and posteriorly toward the head of the fibula. When the joint was

in a normal contour the condition has been attributed to trauma infection and impairment of the circulation after trauma. During the acute stage the treatment consists in rest in bed with freedom from weight bearing.

Arthritis occurring in children includes the in-

ward and downward

in the progressive deforming arthritis is evidenced by atrophy of muscle and bones with contracture of the involved joint resulting eventually in ankylosis. It may cease spontaneously at any stage but tends to progress with periods of remission until the child is hopelessly crippled. The

nails or tongs are inserted for skeletal traction in fractures of the femur. Relationship of the bursae should be borne in mind in order to avoid entering the joint.

The Willem's treatment for suppurative knee joints drains all compartments of the joint. Forceful manipulation should be avoided as it may cause perforation.

RUDOLPH S. REICH, M.D.

Ollershaw R. Observations on Osgood Schlatter Disease. *Brit. M. J.* 1935 ii 944

Osgood Schlatter disease is of traumatic origin. The two lesions of childhood—separation of the tibial tubercle and fracture of the lower edge of the patella—are produced by the same causes which in adults produce fracture of the patella or rupture of the tendon above the patella.

The treatment should consist in absolute immobilization for six weeks in a well fitting circular plaster cast which extends from the ankle to the groin and is well molded to the leg about the knee. Walking may be permitted while this cast is worn. After its removal massage should be instituted and walking again allowed with the use of crutches for six weeks.

Colp R. and Klugestein P. A Roentgen Ray Study of the Injected Knee Joint. *Arch. Surg.* 1925 xi 660

The authors demonstrated the extent of the cavities of the knee joint by making stereoscopic roent-

genograms. Nineteen of the patients were girls.

DA J L

ache Willis found a n l t n a

... up the dura  
MARTIN ...

children with spinal caries. In the cases of adults he keeps the patient on a double Thomas frame for three months after operation and in bed with a ...

sinus opening which he ...

... have back pain

It appears that heavy dull pains are not to be associated with chronic conditions while sharp stabbing pains are associated with acute conditions. The situation of the pain is a good indication of the site of its cause.

The article contains a great deal of detailed information regarding diagnosis and treatment.

DENNIS W. CREE M.D.

MacAuley H F Perthes Disease *Irish J Med Sci* 1935 360

Berry J M Painful Conditions in the Lumbar Lumbosacral and Sacro Iliac Regions *Irish Surg* 1935 20 883

In the diagnosis of the cause of low back pain many factors must be considered as there is no one sign or symptom which has the lumbar ... Berry angulated ...

... support since in four out of every five cases on record the cultures were negative. According to Jansen's theory the changes in the epiphysis and neck are secondary and adaptive changes to deformity of the socket.

The prognosis is good. In the acute stage the leg should be immobilized in abduction. A walking caliper should be used for one year.

ELLEN J. BERRINGER M.D.

Key J A The Non Tuberculous Hip of Early Life II In Childhood *J Mass State Med Assn* 1935 221 429

The non tuberculous hip affections of children may be divided into *cota vara*, *coxa plana*, arthritis and pseudo-arthritis. In *cota vara* the lower ex ...

tuberculosis of the spine. The backache resulting from constipation is relieved when the constipation ceases.

An excellent classification of the causes of low backache is given in tabular form.

To overcome the fatigue backache common to surgeons and dentists and laborers who stand for long periods the author recommends the use of a stool under one foot to relax the back. The pain in osteo arthritis of the spine is due to chance nerve pressure.

Developmental anomalies are often responsible for back pain. In 10 per cent of cases of low back

... *cota vara* the normal angle of 130 degrees between the neck and the shaft may be reduced to 90 degrees or less because of the undue strain on the softened femoral neck. The child walks with a waddling gait and there is limitation in abduction, extension and internal rotation. In most cases the condition tends to become corrected. During the acute stage weight bearing should be prevented. The deformity may be corrected by ...

is then replaced to the inner side of its former

CHESTER C GUY M.D.

### FRACTURES AND DISLOCATIONS

Moore S Traumatic Fractures of the Vertebral Column *J Missouri State M* 1925 XX: 417

Limitation of motion of any vertebra or of its stress bearing capacity affects the entire spinal

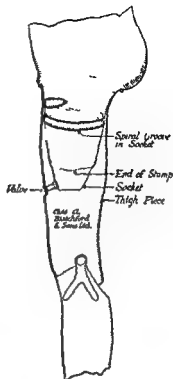
Moore emphasizes the fact that many injuries are associated with fracture of the spinal column but that the fracture is often not discovered until a long time afterward when serious consequences have developed. In some cases spinal fractures are treated as back strain or lumbago. In doubtful cases an early x-ray diagnosis is essential for correct treatment.

RUDOLPH S. REICH M.D.

### ORTHOPEDICS IN GENERAL

Little E. M. A New Method of Fitting Artificial Leg Sockets *Brit M J* 1925 II: 896

The essential feature of a new artificial limb described by the author is a spiral groove  $1\frac{1}{8}$  in. wide and a little over one turn in length in a socket of



Diagrammatic drawing of a socket showing the groove and the valve

duralumin. The bare stump is pushed into the socket and the leg is held in place without any

CHESTER C. GUY M.D.

In the discussion of this report Osgood stated that in his opinion adhesive plaster strapping is generally sufficient without the use of plaster of Paris. Because of the variations that occur in the development of the tibial tubercle roentgenograms of both knees should be made and compared before a diagnosis of fracture in one knee is made.

CHESTER C. GUY, M.D.

**SURGERY OF THE BONES JOINTS  
MUSCLES TENDONS ETC**

**Pyles R H** The Correction of Flexion Adduction and Internal Rotation Deformities of the Lower Extremities Resulting from Cerebral Palsy of Childhood *California & West Med* 1925 XLIII 1376

In 155 cases of flexion adduction and internal rotation deformities of the lower extremities the following operations were found most satisfactory: the Soutter operation for hip flexion; tenotomy of the adductors for adduction; hamstring transplantation for knee flexion; transplantation of the tibialis anticus into the outer border of the foot for equinovarus; tenoplasty of the tendon of Achilles for equinus.

**Ceballos** Arthroplastic Operations for Ankylosis of the Knee (Les opérations arthroplastiques pour ankylose du genou) *J de chir* 1925 xiv 133

separated. The ankylosed area is cut through with a chisel and the ends of the bone are modeled to approximate their normal form. A flap of fascia lata is then interposed and the joint closed with suture of the patella.

Passive movements are begun after a period of fifteen days during which the limb is kept in extension and active movements are begun five days later.

in which arthroplasty is always contra indicated because of the danger of recurrence and because of

ankylosis In some cases however very angular  
ankylosis may be straightened by a preliminary  
operation

Adequate musculature is essential to success. Recurrence of the ankylosis may follow infection, the use of a faulty technique or inadequate after treatment.

The article contains illustrations showing the operative technique and the results obtained in a number of cases. ALBERT F. DE GROOT, M.D.

Abbott L. C. The Treatment of Congenital Club-Foot. Surg Clin N Am 1925 5 124

In the ordinary club foot of infancy the deformity is maintained by contraction of the soft parts. The treatment in such cases is therefore limited to

found

Achilles and section of the plantar fascia are necro-

ALL I AM

In the modified Hoke operation a clear view of the

causes obstruction is usually indicated. The skin incision is made along

by manipulation or freeing of the ligamentous attachments of the os calcis to the sustentaculum tali and internal malleolus. The head of the astragalus

renders it liable to traumatism or infection favors thrombosis and later the deposit of calcium in the blood clot

SAMUEL KAHN M D

### BLOOD TRANSFUSION

Strauss A A Blood Transfusion by the Direct Syringe Cannula Needle Method Its Application in Major Surgery *Surg Gynec & Obst* 1925 xli 678

Strauss summarizes the indications and contra indications for blood transfusion and advocates

of cases

ration for this method consists of three 100 c cm Luer syringes which usually hold about 150 c cm of blood

pressure raised to from 60 to 80 mm Hg The

sharp cannula needle is inserted through the skin into the vein just below the cambric needle The

per cent citrate solution but no citrate solution is left in it except that which may adhere to its walls The obturator is then removed from the cannula in the donor's arm and the curved adaptor with its small piece of rubber tubing and glass syringe is attached to the cannula When the donor contracts his forearm muscles by opening and closing his

usually three 100 c cm Luer syringes are kept going in rotation and from 600 to 800 c cm of blood can easily be transfused in ten minutes There is however no necessity for haste as the blood does not coagulate within the syringe for at least four or five minutes In some cases an incision over the vein of the recipient may be necessary In infants

seldom followed by a reaction

JOHN J MALONEY M D



# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

Wernbter P A Statistical Contribution on  
Thrombosis and Pulmonary Embolism with

" Fat embolism is often mistaken for shock as the symptoms are somewhat similar In 1919 Porter stated that many deaths from war wounds were due to fat embolism The condition may follow

cases the cause was unknown

The right main branch of the pulmonary artery was affected almost twice as often as the left This may be explained by the fact that the right main branch constitutes the direct continuation of the current from the right ventricle whereas the

tance

injuries

In the two cases reported by the authors fat from

operative and postpartum emboli the author con

From experiments the conclusion is drawn that the embolism is due to the greater viscosity of the

SCHULTHEIM (L)

Elting A W and Martin C E Fat Embolism  
Ann Surg 1925 lxxxii 336

Fat emboli are usually the result of trauma especially to the long bones or fatty structures of the body The symptoms depend upon the amount of

Dunn L The X Ray as a Diagnostic Aid in Cases of Hemangioma Ann Surg 1925 lxxxii 830

which help in tumors by

death results

The authors report the cases of two young men with fracture of a long bone who were at first practically normal after the accident but suddenly

of hemangioma

Age is not a factor in the development of phlebotomies but the situation of the hemangioma which

The indication for the use of the mercurochrome in the five cases was septicaemia. In four the septicaemia was due to abortion and in one to infection of the hand. In every case in which the urine contained albumin and casts previous to the injection it contained in addition pus and blood after the injection. The usual sequence was acute colitis followed by diarrhoea with bloody stools.

The total doses employed were 20 c. cm. of a 1 per cent solution in two cases, 40 c. cm. in two cases and 160 c. cm. in one case. The dose was given in 10- or 20 c. cm. portions separated by a day or several days. Blood cultures when positive before the injection were not affected following the injection in any case.

The amount administered is measured both by capacity and by holes in the Gwathmey machine.

holding the breath and too vigorous movements of the abdomen and chest.

Carbon dioxide helps to check the patient's tendency to hold her breath and bear down. At this stage carbon dioxide accelerates the induction of the deeper anaesthesia required.

A method of resuscitating the newborn infant with artificial respiration and carbon dioxide under slight pressure is described.

The author and his associates find that with carbon dioxide it is easier to induce and to maintain anaesthesia; therefore they are reluctant to administer an anaesthetic without having carbon dioxide at hand.

Lundy J. S. Carbon Dioxide as an Aid in General Anaesthesia. *J. Am. M. Ass.* 1925 lxxxv 1953.

oxide, ethylene or ether or combinations of them.

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Anderson G H Cardiac Factors in Surgical Indications *Bo thorax M d* 1925 xxiv 610

The author quotes Mackenzie as stating that sinus arrhythmia indicates a healthy myocardium

surgery should be limited to much y etc 1 Cases with auricular fibrillation occurring in the course of exophthalmic goiter can frequently be transformed into reasonable operative risks by the use of Lugol's solution

The various forms of heart block are rarely presented in the selection of cases for operation

Functional murmurs and well-compensated mitral insufficiency murmurs do not lessen operability

Davis J S and Traut H F The Blood Supply of Whole Thickness Skin Grafts *In Surg* 1925 lxviii 871

tissues

Circulation is first demonstrable in the graft at the end of twenty two hours Adequate circulation

sels of the graft is dangerous

SAMUEL KAHN M D

## ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Todd A T Experimental and Clinical Investigation of Mercurochrome *La cel* 1923 ccliv 107

Mercurochrome is a powerful antiseptic of low toxicity and rapid and deep penetration which causes little irritation does not precipitate albumins and if protected from the light remains stable in normal saline solution for a long period of time

In the case of a patient of advanced years with a

St George A V The Treatment of Sepsis with Mercurochrome—220 Soluble Report of Necropsies in Five Cases *J Am M Ass* 1925 lxxv 1005

The author has collected twelve cases in which treatment by intravenous injections of mercurochrome was followed by death and there was renal and colon involvement suggesting mercurial poisoning

the glands Group 2 sixty five cases of glandular hypertrophy with periadenitis and Group 3 fifty

can be ascertained by clinical examination and that

per cent, and cutaneous changes occurred in 10 per cent

succumb to smaller doses of radium than the periphery

days and there should be an interval of from three to six weeks between the different series

tion process

Ster

Since the infiltration and permeating cells are

iv 347

The author state that with the use of three adjacent triangular fields it is possible to concentrate more than 100 per cent of the erythema dose into a tumor from 3 to 5 cm under the skin without injuring the skin. Physical problems connected with this method of treatment are discussed and it is shown how the roentgen rays should be directed in normal tis

narrowing ring of beakers

The plane or sphere in which the radium tubes are placed is determined by the spread by infiltration or permeation as the case may be. Infiltration has a tendency to spread through loose areolar tissue. In the case of a nodule beneath the skin this plane is the midplane of the subcutaneous tissue. Spread by permeation occurs through the plane of the main

by absorption  
photographs

and measurements

Three cases treated in the manner described are reported to illustrate the types and locations of tumors which react favorably and the results that may be expected

# RADIUM

Handley W S The Encirclement Method of Using Buried Radium Tubes *Brit J Radol* 1925 xxx 411

spread by permeation

While the sole object of the first encirclement treatment is the arrest of spread by infiltration and permeation the nodule will frequently receive sufficient irradiation to destroy it. If not it may be irradiated six weeks later by burying the radium within it.

Four cases treated by the encirclement method are reported

This article deal with radiosurgery by the buried tube method. Only the treatment of single nodules is discussed. The author emphasizes that it is erroneous to believe that malignant nodules are homogeneous that the extent of a malignant nodule

A JAMES LARKIN M D

# PHYSICOCHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Desjardins A U Common Misconceptions in Radiotherapy Surg Gynec & Obst 1926 xlv 64

Desjardins states that there is much confusion among surgeons and internists concerning the

The author shows that increasing depth doses by increasing filtration and distance require such a

care for outlying elements

Carcinoma of the breast with widespread dissemination into the axilla and supraclavicular space is best treated by the X rays but radium may be

with radium

the dissemination cannot be ascertained The choice between the X rays and radium in the treatment of benign lesions rests on their extent volume and depth

The theory that radium or the X rays can increase the rate of growth of tumors has been advanced and mention has often been made of a so

plants and animals the mature products have always

posure may cause the same in degeneration of some malignant This is not stimulation in the sense mentioned but aberrant function from chronic irritation It has never been shown that the rate of tumor growth is accelerated by radiation

The author discusses also the question as to how

lows one of the main laws of general pathology

Amundsen P Roentgen Treatment of Glandular Tuberculosis Acta radiol 1925 lv 349

judgment

Tumors deep in the thorax or abdomen are best treated with the X rays because the full extent of

cells is due to intrinsic stimuli. In malignant neoplasia the same factors are at work but the condition of the cells upon which they act is different.

maternal tissues

Unless it can eat its way into the maternal tissues the whole ovum perishes. When once a large enough source of food supply has been tapped the somatic cells send a hormone to retrain chorionic activity.

Because of the method of implantation of the ovum in the human subject and because of the origin of chorionepithelioma it seems reasonable to suppose that as the result of penitency injury, infection and the other inciting and predisposing factors cells of somatic tissues may slowly lose their power of obtaining or utilizing nutriment and as the process of starvation is a slow one adjust themselves to the altered and altering conditions by reverting to the earlier undifferentiated chorionic nutriment seeking type. Once started on the per-

but processes occur in non malignant tumors. The change may be due to limitation of the blood supply. The more nearly the structure of a malignant growth approaches the structure of the somatic tissue in which it is developed the less its virulence.

Nearly in all cases

menstruum causing coagulation necrosis in the cells resulting in abortion.

Lead will arrest or kill all growth processes but shows increasing toxicity toward growing tissues in direct proportion to their rapidity of growth and malignancy—that is to the water phosphatide content and phosphatide cholesterol ratio—and these substances are present in greater quantities in malignant than in normal somatic tissues.

HOWARD A. MCKINCHIE, M.D.

Cancer was the fifth cause of death in numerical importance during the period 1911 to 1921 being outranked only by heart disease, tuberculosis,

tuberculosis had higher death rates.

When a child reaches the age of 10 years it is more apt to die ultimately from cancer than from tuberculosis or pneumonia. Heart disease, chronic nephritis (Bright's disease) and cerebral hemorrhage (apoplexy) are the only diseases which are more likely than cancer ultimately to cause the death of a male who has reached the age of 10 years and only heart disease and cerebral hemorrhage are more likely to cause the death of a female who has lived 10 years. Of 100 boys 10 years old

from cancer increased in the industrial population of the United States and Canada. In the drawing of this conclusion allowance was made for more accurate reporting and certification of causes of death—factors which would in themselves tend to raise the apparent death rate. It is believed that even after further allowance is made for improvement in medical diagnosis the conclusion would remain essentially the same. However the actual increase in the cancer death rate has been small—much smaller than might be inferred from an analysis of published crude death rates. It has been greater among males than among females.

The death rate has not been increasing uniformly

advanced the age, the greater has been the rate of

persons are more amenable to instruction come more often under medical supervision in the course of treatment for minor acute illnesses and apply to a greater extent than those of more advanced age the lessons taught through the public press and

## MISCELLANEOUS

### CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Rose E. Dangerous Late Sequelae of Paraffin Injections (Gefährliche Spätfolgen von Paraffinjektionen) *Beitr z klin Chir* 1925 cxxiv 244

In the injection of paraffin the dangers due to imperfect technique or the use of improper material are avoidable but in no case is it possible to exclude a tissue reaction. Such reactions range from the

paraffin was used

In the first case the injection into both breasts was followed by constant and at times unbearable pain and the cosmetic result was absolutely negative. The masses were removed.

In the second case injections into both breasts

found in the cancer substance suggests that the cancer formation was due to the irritation produced by the paraffin.

The author concludes that paraffin injections should be abandoned not only because they are dangerous but also because modern surgery offers better methods such as the transplantation of fat.

SONNTAG (Z)

Shiro A. Bilateral Spontaneous Gangrene of the Lower Extremities and a Contribution to the Pathology of the Condition (Ueber die Entstehung der Spontangangraen der beiderseitigen Unterextremitäten und Beitrag zur Pathologie der

lb n] *Nisskin Igaki* 1925 xiv 537

To date spontaneous bilateral gangrene of the

bifurcation of the abdominal aorta and down into

The clinical and autopsy findings—the chronic course of the condition—the absence of abdominal

mens. In conclusion the author states that spontaneous bilateral gangrene of both lower extremities is due not uncommonly to a high thrombus formed by the upward extension of a thrombus in one leg and that in some cases syphilitic injury of the general vascular system plays a part. ТОКРЕКА (Z)

Cramer W. The New Outlook on Cancer. *Bridg* 1926 i 575

therefore

immotantly

The process by which an area becomes cancerous as the result of chronic irritation is a very slow one its duration in man being possibly from ten to twenty years.

The work of Gye and Barnard is reviewed. Gye believes that cancer is due to an ultramicroscopic virus common to different classes of animal but that for the production of a cancer the presence of

Bell W. Flair. The Specific Character of Malignant Neoplasia with Special Reference to the Control of Cancer from this Standpoint. *Lancet* 1925 cxx 1003

The author believes that cancer is a specific process. The growth of benign neoplasms and somatic

sex incidence

Cancer is increasing strikingly among men in a number of organs or sites which are not now segregated for statistical study.

### DUCTLESS GLANDS

**Abel J J** Some Recent Advances in Our Knowledge of the Ductless Glands *Bull Johns Hopkins Hosp Balt* 1926 xxxviii 1

ing agent in a tissue may so alter its response to a hormone that the usual action of the hormone is completely reversed. This explains why under given conditions one and the same hormone may act in

and the thymus



Although cancer is seldom regarded as an important disease in childhood and adolescence a considerable number of deaths from this cause occur before the age of 25 years. More than 2 per cent of industrial policyholders dying of cancer were under 25 years. Practically one third of all of the deaths from cancer of the brain, one quarter of those from cancer of the bones, the kidneys and the suprarenals and one eighth of those from cancer of the

period although a definite rising tendency is in evidence in both white and colored women in the age group from 65 to 74 years. In white women more than eleven twelfths malignant growths of this type occur in the uterus whereas in colored women 97 per cent are found in that organ. The death rate among colored women from uterine cancers is very high.

The mortality of cancers of the intestinal tract

#### population

Deaths from cancer of the stomach and liver, the female genitals and the peritoneum, intestines and rectum constitute together over two thirds of the mortality from cancer. In cancers of the stomach and liver there is little difference in the death rate

ages of 55 and 64 years

65 per cent were due to cancers in the mesentery or peritoneum.

Rectal and anal cancers exact a particularly heavy toll of life among negro women. In fact they are

cially the former are much more common in men.

and anal ulcers, abscesses and other inflammatory processes and if so whether such conditions frequently develop into malignant growths.

of all deaths

The relatively high mortality of cancer of the

forms of tuberculous disease also have a higher mortality among women than men. We know of

is reversed

At all ages combined no significant upward or

decided upward or downward tendency. In one color sex group alone colored males was there an

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*Proc Roy Soc Med Lond* 1925 xviii Sect Otol 37  
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 V K HART *South M & S* 1925 lxxvii 718

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A new paracentesis knife S COMPTON *Laryngoscope*  
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*méd Lat Am* 1925 xi 213

### Nose and Sinuses

The use of gold wire splints in intranasal plastic surgery  
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 A MACLENNAN *Glasgow M J* 1925 civ 326

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NOTE:—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THE ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

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## MISCELLANEOUS

## Clinical Entities—General Physiological Conditions

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## PHYSICO-CHEMICAL METHODS IN SURGERY

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*Supplementary to*  
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## CONTENTS

I	Index of Abstracts of Current Literature	iii
II	Authors	ix
III	Editor's Comment	x
IV	Abstracts of Current Literature	345-407
V	Bibliography of Current Literature	408-430



# CONTENTS—MAY, 1926

## ABSTRACTS OF CURRENT LITERATURE

### SURGERY OF THE HEAD AND NECK

#### Head

- ZIMSKY J L New Conservative Treatment versus Surgical Operation for Displaced Fractures at the Neck of the Mandibular Condyle 345
- RISDORF F Arthroplasty of the Temporomaxillary Joint 345
- HEYERDAHL S A Actinomycosis of the Face and Neck Treated with Radium 346

#### Eye

- GIFFORD H Congenital Defects of Abduction and Other Ocular Movements and Their Relation to Birth Injuries 346
- CLEGG J G POOLEY G H GOLDEN C WHITING M H and Others Discussion of Penetrating Injuries of the Eye 346
- GOALWIN H A The Clinical Value of Optic Capal Roentgenograms 347
- RODIN F H The Treatment of Iridocyclitis by Subconjunctival Injections of Atropine and Epinephrin 347
- GRAVES B Change of Tension on the Lens Capsules During Accommodation and Under the Influence of Various Drugs 348
- DE SCHWENITZ G E and WOODS A C Concerning the Ocular Symptoms of Erythraemia (Chronic Polycythemia Vera) with Special Reference to the Fundus Picture 348
- DICKSON F D 348

#### Nose and Sinuses

- BLAIR V P The Problem of Bringing Forward the Retracted Upper Lip and Nose 349
- LAYTON T B The Septum Operation 350
- HEITZMAN I D 350
- FIND 350

#### Mouth

- DERMAN G L Tumors of the Tongue 351

#### Neck

- JUST E Recurrent Struma 351
- SUDECK P Total Extirpation of the Thyroid Gland 352
- CRAVER L F Cancer of the Thyroid and Its Present Day Treatment 353
- COLLEDGE L Fourteen Cases of Total Laryngectomy for Intrinsic Cancer of the Larynx 353

### SURGERY OF THE NERVOUS SYSTEM

#### Brain and Its Coverings Cranial Nerves

- CUS— 344
- HURST E W On the So Called Calcification in the Basal Ganglia of the Brain 354
- MILLIGAN Sir W Cerebellar Abscess 355
- REA R L A Cerebral Tumor Displacing the Optic Tracts Chiasma and Nerves 355
- ELSBERG C A Problems in the Diagnosis and Treatment of Infiltrating Tumors of the Cerebral Hemispheres with Remarks on a New Surgical Procedure 356
- DOTT N M and BAILEY P A Consideration of the Hypophyseal Adenomata 356
- BLALOCK A and CROWE S J The Recurrent Laryngeal Nerves in Dogs Experimental Studies 356

#### Spinal Cord and Its Coverings

- SHARPF W A 349
- 349
- 349
- tumor 357

#### Peripheral Nerves

- DICKSON F D Peripheral Nerve Injuries Associated with Fractures of the Long Bones 358
- PHILIPS H B and ROSENHECK C Neuro-Arthropathies of Peripheral Nerve Injury Origin Report of Two Cases 359
- STEWART J E An Experimental Study of the Effect of Transplantation on the Nerve Supply of Muscles 359

#### Sympathetic Nerves

- DANIELOPOULU D The Surgical Treatment of Angina Pectoris 360

FEDOROFF S P and SAPOSCHKOFF K. P. The Technique of the Operative Treatment of Angina Pectoris by Section of the Depressor Nerve

360

### Miscellaneous

SKILLERN R H Headaches—The Nasal Aspect

361

## SURGERY OF THE CHEST

### Chest Wall and Breast

GREENOUGH R B Varying Degrees of Malignancy in Cancer of the Breast

362

LEE B J and TANVENBAUM N E Recurrent Inoperable Carcinoma of the Breast. An Analysis of 363 Cases Treated by Radium and the Roentgen Ray

363

### Trachea, Lungs and Pleura

GRADY H W The Demonstration of the Bronchial Tree by Intratracheal Injections of Lipiodol

363

STEWART D A The Medicosurgical Borderland in Thoracic Tuberculosis

363

ROGERS C Lung Abscess Complicated and Hidden by Empyema

363

SINGER J J and GRAHAM E. A Roentgen Ray Study of Bronchiectasis

364

LILIENTHAL H Vital Capacity Following Lobectomy

364

### Esophagus and Mediastinum

JACKSON C and SHALLOW T A Diverticula of the Esophagus Pulsion Traction Malignant and Congenital

364

EVERT J A Malignant Tumors of the Thymus with the Report of a Case

364

## SURGERY OF THE ABDOMEN

### Abdominal Wall and Peritoneum

CRISSEY R H A Method of Radical Cure of Femoral Hernia

366

### Gastro-Intestinal Tract

BURDE W Cardiospasm and Esophagospasm in Gastric Ulcer

366

MARK H The Effect of Protein Therapy on the Anatomical Picture in Gastric and Duodenal Ulcer

366

LEVY R. and HOLLENBECH G Roentgen Ray Therapy of Gastric and Duodenal Ulcers and Other Benign Affections of the Gastro-Intestinal Tract

367

KORVLOFF G End Results in Gastro-Intestinal Anastomoses with Various Suture Methods and Certain Modifications in the Operative Technique

367

CARLING E R and SMITH A. T Hernia through the Foramen of Winslow Secondary Rupture through the Gastrohepatic Omentum

367

HUEBENER H Secondary Enterostomy in Peritonitis and Ileus

367

ARENS R. A. and BLOOM A. R. The Role of the Temperature of the Opaque Meal in the Filling of the Duodenal Cap

367

WALTERS W KILGORE A M and BOLLMAN J L Changes in the Blood Resulting from Duodenal Fistula

368

MCCELLER F The Surgical Complications of Meckel's Diverticulum

368

PANNETT C A Cancer of the Colon

369

C

369

P

69

CASE J T Suggestions Regarding Radium Treatment of Rectosigmoid Carcinoma

369

### Liver Gall Bladder Pancreas and Spleen

OLIVER S Surgical Problems in Jaundice

369

ANDERSSON L Traumatic Separation of the Gall Bladder from the Liver

370

GRAHAM E. A. COLE W. H. and COFFIN G. H. Cholecystography Its Development and Application

370

SOSMAN M C WEITAKER L. R. and EDSON P. J. Clinical and Experimental Cholecystography

370

C

370

C

371

PHILLIPS J The Diagnosis and Treatment of Gall Bladder Disease—Medical Aspects

371

GUTHRIE D Indications for Cholecystostomy and Cholecystenterostomy

371

KROEMER E B Recent Changes in the Conception of Jaundice

371

WATERWORTH S J The Surgical Management of the Jaundiced Patient

371

DEVER F J The Symptomatology of Cholecystitis

372

SMITH H F The Technique of the Operation of Cholecystectomy

372

LITCHFIELD L A Consideration of the End Results of Biliary Surgery as Seen by the General Practitioner

372

BRANDBERG R A Contribution to the Knowledge of the Results of Splenectomy in So-called Banti's Disease

372

B

372

### Miscellaneous

DEVIER P Observations on the Diagnosis of Subphrenic Abscess

373

ROEDERLUS E Injury of the Bladder in the Opening of Douglas Abscesses

373

## GYNECOLOGY

### Uterus

BRADY L Gonorrheal Endocervicitis Treated with Strong Solutions of Mercurochrome

373

- GAUJOUX E The Obstetrical History of a Uterus  
Containing Multiple Large Fibromata Which  
Had Been Treated with the Roentgen Rays 375
- BROOKS C D Radiotherapy in Inoperable Car-  
cinoma of the Cervix 375
- HEALY W P Evaluation of the Treatment of Car-  
cinoma of the Cervix with Radium 375

**Miscellaneous**

- SELLMEYER H A Folding Speculum for the Safe Per-  
formance of Intra Uterine Interventions and  
Vaginal Operations 376

**OBSTETRICS****Pregnancy and Its Complications**

- CATHALA V and LE RASLE H Incompatibility of  
the Fetal and Maternal Blood as a Cause of  
Eclampsia 377

**Labor and Its Complications**

- IRVING F C and GORTHAUS T R The Elmina-  
tion of the Second Stage of Labor in Breech  
Presentations 377
- PUJOL M G Two Cases of Placenta Praevia Treat-  
ed by Hysterotomy 378

**Newborn**

- BELDING D L Notes on the Etiology and Epi-  
demiology of Impetigo Contagiosa Neonatorum 378

**Miscellaneous**

- DICKINSON R L Sterility Fertility Studies in  
Animals and Their Bearing on Problems in the  
Human 379
- NEUGARTEN L The fate of the children of eclamp-  
tic mothers 379

**GENITO URINARY SURGERY****Adrenal Kidney and Ureter**

- GRAVES R C Pyelographic Media 380
- FRONTE W A Errors of Technique and Inter-  
pretation in Ureteropyelography 380
- LOWER W E and BELCHER G W Urographic  
Studies of the Ureters 380
- EISENDRATH D N and KOLL I S Pyelographic  
Errors in the Diagnosis of Renal Neoplasms 380
- NYKONIS B H Kidney Stone as a Diagnostic  
Problem 382
- HODMAN F and HEPLER A B Experimental  
Hydronephrosis The Effect of Changes in  
Pressure 382
- HELLSTEN O T A Case of Hydronephrosis in a  
Horseshoe Kidney Heminephrectomy 383
- THOMAS G J The Diagnosis of Renal Tuberculosis 383
- BLANC H Hematuria in Pyelonephritis 383

- CARSON W J Experimental Nephrotomies 384
- EDENSTADT J S Primary Congenital Dilatation  
of the Ureters 384

- ROCHET and THEVENOT A Blind Ureter on the Right  
Side Tuberculosis in One Part of the Kidney 384

**Bladder Urethra and Penis**

- KOEDIGER E Injury of the Bladder in the Opening  
of Douglas Abscesses 373
- HEINBURG E A Simple Method of Fixing a Reten-  
tion Catheter 385
- SINCLAIR D A Acute Urethritis in the Male 385
- BIERHOFF F Chronic Anterior Gonorrhoeal Ure-  
thritis 385

**Genital Organs**

- ROSENFELD W A C M " " " " 386

**Miscellaneous**

- LEONARD V and FROBISHER M The Clinical  
Application of Hexylresorcinol in Urology with  
Observations on the Significance of Surface  
Tension in Urinary Antiseptics 387

**SURGERY OF THE BONES JOINTS MUSCLES  
TENDONS**

- Conditions of the Bones Joints Muscles Tendons Etc
- WERESCHINSKI A The Fate of Bone Transplants 388
- KOLODNY A The Relation of the Bone Marrow to  
the Lymphatic System Its Role in the Spread-  
ing of Carcinomatous Metastases Throughout  
the Skeleton 388

- " " " " " " " " 388

- " " " " " " " " 389

- " " " " " " " " 390

- " " " " " " " " 391

- HARRENSTEIN R J Roentgen Orientation with  
" " " " " " " " 392

- " " " " " " " " 392

- " " " " " " " " 393

- Surgery of the Bones Joints Muscles Tendons Etc
- SEVER J W Obstetrical Paralysis A report of  
1110 Cases 393

- BOORESTEIN S W Birth Injuries Requiring Ortho-  
pedic Treatments 393

- RECHTMAN A M The Reconstruction Operation on  
the Hip 394

- SWEED W L and PATTERSON R H Report of  
Two Hip Operations 394

- EDWARDS A H The Operative Repair of the Cru-  
ciate Ligaments in Severe Trauma of the Knee 395



DUPUY DE FRENELLE Reconstruction of the Ligaments of the Knee End Results	396	Anæsthesia	
CAMPBELL W C End Results of Operation for the Correction of Drop-Foot	397	SINOTOV H BIRT J HIGGINS T T PITTS A T and Others Anæsthetics in Children	401
<b>Fractures and Dislocations</b>			
DICKSON F D Penpheral Nerve Injunes Associated with Fractures of the Long Bones	358	<b>PHYSICO-CHEMICAL METHODS IN SURGERY</b>	
GENTIL F and BONNEAU R Correction of the Angulation of Fractures by Means of a Metal Wire	397	<b>Röntgenology</b>	
		GOALWIN H A The Clinical Value of Optic Canal Roentgenograms	347
		GRADY H W The Demonstration of the Bronchial Tree by Intratracheal Injections of Lipiodol	363
		SCYGER J J and GRAHAM E A Roentgen Ray Study of Bronchiectasis	364
		LEVE R and HOLENECHUT G Roentgen Ray Therapy of Gastric and Duodenal Ulcers and Other Benign Affections of the Gastro-Intestine	367
<b>SURGERY OF BLOOD AND LYMPH SYSTEMS</b>			
<b>Blood Transfusion</b>			
WALTERS W KILGORE A M and BOLLMAN J L Changes in the Blood Resulting from Duodenal Fistula	368		
CATHALA V and LE RASLE H Incompatibility of the Fetal and Maternal Blood as a Cause of Eclampsia	377	GRAHAM E A COLE W H and COOPER G H Cholecystography Its Development and Application	370
			370
			370
Exposure	399		
GORDON WARSON, Sir C Venesection and Blood Transfusion in Carbon Monoxide Poisoning	399		370
<b>Lymph Vessels and Glands</b>			
KOLODNY A The Relation of the Bone Marrow to the Lymphatic System Its Role in the Spreading of Carcinomatous Metastases Throughout the Skeleton	388		375
QUICK D and CUTLER M The Radiation Reaction of Metastatic Squamous Cell Carcinoma in Cervical Lymph Nodes	399		380
BRATHEWATTE L R Tuberculosis of Glands in the Ileo-cæcal Angle A Cause of Pain in the Right Iliac Fossa	399		380
			383
			392
<b>SURGICAL TECHNIQUE</b>			
<b>Operative Surgery and Technique Postoperative Treatment</b>			
LAHEY F H Rope Grafts	401	Before and ten Days After Anæsthesia	399
PATERNO A The Effect of Change of Position of the Flap on Its Taking and on the Establishment of the Circulation in Free Autoplastic Skin Transplants	401		404
DAVIS J S and TRAUT H F The Production of Epithelium Lined Tubes and Sacs An Experimental Study	402	Roentgen Rays	404
<b>Antiseptic Surgery Treatment of Wounds and Infections</b>			
		<b>Radium</b>	
		REYERDASH S A Actinomycosis of the Face and Neck Treated with Radium	346
		LEX B J and TANNEBAUM E Recurrent Inoperable Carcinoma of the Breast An Analysis of 363 Cases Treated by Radium and The Roentgen Ray	362
		CASE J T Suggestions Regarding Radium Treatment of Rectosigmoid Carcinoma	369

BROOKS C D	Radiotherapy in Inoperable Carcinoma of the Cervix	375	General Bacterial Mycotic and Parasitic Infections	
HEALY W P	Evaluation of the Treatment of Carcinoma of the Cervix with Radium	375	RHOODES G B	Cod Liver Oil Treated with Magnesium Hydroxide in the Treatment of Surgical Tuberculosis 406
MISCELLANEOUS			JADASSOHN W and STREIT G	The Treatment of Tetanus with Glucose 407
Clinical Entities—General Physiological Conditions			Hospitals Medical Education and History	
SKILLERY R H	Headaches—The Nasal Aspect	361	GRAHAM E A	What is Surgery? 407
BRODERS A C	The Grading of Carcinoma	406		

## BIBLIOGRAPHY

## Surgery of the Head and Neck

Head	408
Eye	408
Ear	409
Nose and Sinuses	409
Mouth	410
Pharynx	410
Neck	410

Newborn	411
Miscellaneous	411
Genito Urinary Surgery	
Adrenal Kidney and Ureter	412
Bladder Urethra and Penis	412
Genital Organs	413
Miscellaneous	414

## Surgery of the Nervous System

Brain and Its Coverings Cranial Nerves	413
Spinal Cord and Its Coverings	413
Peripheral Nerves	413
Sympathetic Nerves	413
Miscellaneous	413

## Surgery of the Bones Joints, Muscles Tendons

"	"	"	414
"	"	"	415
"	"	"	416
"	"	"	416

## Surgery of the Chest

Chest Wall and Breast	413
Trachea Lungs and Pleura	413
Heart and Pericardium	413
Esophagus and Mediastinum	413
Miscellaneous	414

## Surgery of the Blood and Lymph Systems

Blood Vessels	417
Blood Transfusion	417
Lymph Vessels and Glands	417

## Surgical Technique

Operative Surgery and Technique Postoperative Treatment	418
Antiseptic Surgery Treatment of Wounds and Infections	418
Anesthesia	418

## Surgery of the Abdomen

Abdominal Wall and Peritoneum	414
Gastro-Intestinal Tract	414
Liver Gall Bladder Pancreas and Spleen	416
Miscellaneous	417

## Physicochemical Methods in Surgery

Röntgenology	419
Radium	419
Miscellaneous	419

## Gynecology

Uterus	418
Adnexal and Peritoneal Conditions	418
External Genitalia	419
Miscellaneous	419

## Miscellaneous

"	"	"	419
"	"	"	420

## Obstetrics

Pregnancy and Its Complications	420
Labor and Its Complications	421
Puerperium and Its Complications	421

"	"	"	420
"	"	"	420
"	"	"	420

## AUTHORS

OF THE ARTICLES ABSTRACTED IN THIS NUMBER

- Andersson L 370  
 Arens R A 368  
 Bailey P 356  
 Belcher G W 380  
 Belden W W 371  
 Belding D L 378  
 Bérard 392  
 Bergmann E 389  
 Bierhoff F 382  
 Birt J 403  
 Blair V P 349  
 Blalock A 356  
 Blanc H 353  
 Bloom A R 368  
 Bollman J L 368  
 Bonneau R 397  
 Boonstein S W 393  
 Brady L 375  
 Braithwaite L R 399  
 Brandberg R 372  
 Breitkopf E 402  
 Broders A C 406  
 Brooks C D 375  
 Budde W 366  
 Campbell W C 397  
 Carling E R 367  
 Carson W J 384  
 Case J T 369  
 Cathala V 377  
 Clegg J G 346  
 Cole W H 370  
 Colledge L 353  
 Copher G H 30  
 Craver L F 353  
 Crusey R H 366  
 Crowe S J 356  
 Cunningham T D 369  
 Cushing H 354  
 Cutler M 399  
 Danielopolu D 360  
 Davis J S 402  
 Derman G L 351  
 De Schweinitz G F 345  
 Desjardins A U 404  
 Dever F J 372  
 Dexter R 373  
 Dickinson R L 379  
 Dickson I D 358  
 Dott N M 356  
 Dudgeon L S 402  
 Dudley G S 393  
 Duke Elder W S 348  
 Dupuy de Frenelle 396  
 Edson P J 370  
 Edwards A H 395  
 Eggers C 363  
 Enderath D N 380  
 Eisenstadt J S 394  
 Elsberg C A 356  
 Evert J A 364  
 Fedoroff S P 360  
 Fink E B 350  
 Frohner M 387  
 Frontz W A 380  
 Gaujoux E 375  
 Gentil F 397  
 Gifford H 346  
 Goallwyn H A 347  
 Goethals T R 377  
 Goulden C 346  
 Gordon Watson Sir C 399  
 Grady H W 363  
 Graham E A 364 370 407  
 Graves B 348  
 Graves R C 380  
 Greenough R B 362  
 Graca A 390  
 Guthrie D 372  
 Harrenstein R J 392  
 Healy W P 375  
 Heinburg L 385  
 Heister J D 350  
 Hellsten O T 383  
 Hepler V B 382  
 Heyerdahl S A 346  
 Higgins T T 403  
 Hinman F 382  
 Holzknecht C 367  
 Huebener H 367  
 Hunt G L 404  
 Hurst E W 354  
 Irving F C 377  
 Jackson C 364  
 Jadassohn W 407  
 Just E 351  
 Khan W A 349  
 Kilgore A M 368  
 Knapp A 349  
 Koll I S 380  
 Kolodny A 388  
 Kopyloff G 367  
 Krumhaar E B 372  
 Lahey F H 401  
 Layton T B 350  
 Lee B J 362  
 Lenk R 367  
 Leonard V 357  
 Le Rasle H 377  
 Lilienthal H 364  
 Litchfield L 372  
 Lower W E 390  
 Marx H 366  
 Meyerding H W 389  
 Milligan Sir W 355  
 Mixer W J 357  
 Moudan 392  
 Mueller F 368  
 Neame H 349  
 Neugarten L 370  
 Nichols B H 382  
 Oehlecker F 391  
 Oliver S 369  
 Pannett C A 369  
 Paterno A 401  
 Patterson R H 394  
 Peterson C A 357  
 Ietren G 369  
 Philips H B 359  
 Iballps J 371  
 Pits A T 403  
 Iohle E A 399  
 Pooley G H 346  
 Pujol M G 378  
 Quick D 390  
 Rea R L 355  
 Rechtman A M 394  
 Rhodes G B 406  
 Risdon F 345  
 Rochet 384  
 Rodin F H 347  
 Roedelius E 373  
 Rosenheck C 359  
 Rosenkranz H A 386  
 Ryan E J 370  
 Saposchko A P 360  
 Sellheim H 376  
 Sever J W 393  
 Shallow T A 364  
 Sharpe W 357  
 Sinclair D A 382  
 Singer J J 364  
 Sington H 403  
 Skillem R H 361  
 Smith A T 367  
 Smith H F 372  
 Sneed W L 394  
 Sosman M C 370  
 Stewart D A 363  
 Stewart J E 359  
 Stewart W H 370  
 Streit G 407  
 Sudeck P 352  
 Tannenbaum N E 362  
 Thevenot 384  
 Thomas G J 383  
 Traut H F 402  
 Walters W 368  
 Waterworth S J 372  
 Wereschinski A 388  
 Whitaker L R 370  
 Whiting M H 346  
 Wilhelm S F 385  
 Wood A C 348  
 Zemsky J L 345

## EDITOR'S COMMENT

A REPORT by Berard and Moudan of the results of resection of the knee for tuberculous osteo arthritis in twenty five cases operated upon by Olier in the years from 1882 to 1897 (p 392) is an interesting contribution to the literature of surgical tuberculosis. The fact that fifteen of these patients are in good health and that most of them now show no evidence of tuberculous infection indicate the importance of the removal of tuberculous foci when it is technically possible and can be safely accomplished.

Campbell's description of an operation for the correction of drop-foot and report of the end

on the use of various nerves as substitutes for the

noted by many other workers the presence in dogs of a remarkable capacity for nerve regeneration.

A practical discussion on the treatment of penetrating injuries of the eye from a recent meeting of the Section on Ophthalmology of the Royal Society of Medicine the observation by Sharpe and Peterson (p 357) of three cases with lipiodol still present in the spinal canal a number of

of 1100 cases of obstetrical paralysis (p 393) Boorstein's review of the symptoms prognosis and treatment of birth injuries (p 393) and Dickson's study of thirty one cases of peripheral

ment in 363 cases of recurrent inoperable and metastatic tumors of the breast from the Memorial Hospital of New York (p 362) are helpful and suggestive contributions touching on different fields of surgery.

Neugarten's observations of the fate of children

ply of one muscle to another (p 359) suggest that little improvement can be anticipated from this method in the treatment of peripheral nerve palsies.

in the section on technique of Dielography

of surgical treatment of thyroid disease. The writer believes as a result of his study that recurrence is relatively more common in young individuals and occurs oftener after diffuse struma than after other types of goiter.

In connection with the surgery of the thyroid Blalock and Crowe's experimental observations

that are being accorded the important urologic procedure.

Desjardins' comprehensive summary of the

# INTERNATIONAL ABSTRACT OF SURGERY

MAY 1926

## ABSTRACTS OF CURRENT LITERATURE SURGERY OF THE HEAD AND NECK

### HEAD

Zerr

porating two projecting arms to which are attached the ends of an elastic band passed beneath the mandible



The author's modification of the Fowler apparatus  
1. Iron posts supporting the elastic band 2. Plaster-of-Paris cap encasing the head 3. Elastic band passing beneath the chin in the original Fowler appliance adhesive strips are used

### Risdon F. Arthroplasty of the Temporomaxillary Joint *J Am M Soc* 1925 lxxv 2011

Risdon reviews the surgical anatomy of the temporomaxillary joint calling attention especially to the frontal and orbital branches of the orbital nerve the temporal artery and vein and the auriculo-temporal nerve

The history of arthroplasty on the joint is outlined. Immobility of the joint may be caused by trauma otitis media osteomyelitis arthritis and congenital trismus

In the extra-articular type of trismus the epithelial inlay of Esser and Waldron has been used by

fibrous tissue

In trismus due to union of the coronoid process with the zygoma the coronoid process is resected but the joint is left intact. This procedure gives excellent results

For the correction of recession of the chin a widens and the eyeball comes slightly forward

process of the lower jaw J C CARVER MD

Heyerdahl S A Actinomycosis of the Face and Neck Treated with Radium *Bull J Radiol* 1916 xxxi 1

The first attempt to cure actinomycosis with radium was made in the radium section of the Riks Hospital in Oslo in February 1913. In the following ten years Heyerdahl treated twenty other cases of actinomycosis involving the face and neck and obtained a cure in all. In every instance the diagnosis was confirmed by microscopic examination. In most of the cases one or more incisions of the actinomycotic abscesses were made and potassium iodide was given internally before the radium treatment was undertaken. After the radium treatment was begun all other treatment was suspended. As the radium rays proved to be fully as effective as the potassium iodide the latter was abandoned in subsequent cases.

Concentrated radium salt was used exclusively.

The treatments were given as a rule at intervals

vals of six weeks

Seventeen of the patients were male adults be

## EYE

Gifford H Congenital Defects of Abduction and Other Ocular Movements and Their Relation to Birth Injuries *Am J Ophth* 1920 33 12 3

Unless there is a marked visual defect stereoscopic vision prevails in the part of the field in which there is free motion. Diplopia is a rare complaint.

At operation the external rectus has been found represented by a fibrous band containing no muscle tissue. The internal rectus is sometimes attached

been attributed to atrophy of the muscles and their insertions intra uterine nuclear degeneration defective innervation of the muscles intra uterine myositis orbital cellulitis and amniotic

anterior position is the most frequent and in the

fetal cranium and face are much more common than is generally believed.

In the bilateral cases there is apt to be also some other congenital defect such as deformity of the

Clow stated that in injuries of the eye the important determinations to be made first are whether complete penetration has occurred and whether there is a foreign body in the eyeball or adjacent tissues.

The prolapsed iris may be replaced or excised. If the corneal wound is large it may be sutured with horsehair or the finest silk worm gut. If the lens is injured it may be extracted through the corneal wound if the latter is large or through a surgical wound. If the vitreous has prolapsed it should be

Clagg favors the anterior route. Poirry believes that conservative methods are and pos

sible Scleral wounds should be sutured directly and corneal wounds indirectly Iridolapsed corneal tissue or vitreous should be cut off Pooley has never known sympathetic ophthalmia to follow a penetrating wound of the sclera In all of the cases he has seen there has been an injury of the iris However severe the injury the eye should never be removed during the first fortnight The sclera should be sutured with fine catgut

GOULDEN believes it is safest and best to free the

smaller canal It is important to remember that the

cross section The profile view gives information as to fractures running parallel with the cross section of the canal

The most important part of the optic canal

early

LYMAN A COPPS M D

Goelwin H A The Clinical Value of Optic Canal Roentgenograms *Irish Ophth* 1926 iv 1

Optic canal roentgenograms should be taken with the head the X ray tube and the plate in such a position that the so called central ray coincides with the axis of the optic canal and strikes the plate at a right angle For their interpretation it is necessary to know the distance of the focal spot of the X ray tube the distance of this focal spot from the plate and the distance of the optic canal from the plate

The principal structures seen in such roentgeno

is generally localized and suggests erosion of the wall from without by a tumor or from within by an endothelioma of the optic nerve sheath Excessive pneumatization of the neighboring sinuses is of importance because after thickening or sclerosis nothing short of decompression of the nerve offers any hope of benefit

changes it is necessary to observe the shape and dimensions of the cross section the length of the canal the changes within the lumen the structure of the walls and the changes in the adjacent structures

turbances (7) tumors of the anterior or middle fossa (8) certain general diseases such as Paget's disease acromegaly and rickets (9) tuberculosis with optic nerve symptoms and (10) loss of sight attributed to injury for which financial compensation is sought

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Rodin F H The Treatment of Iridocyclitis by Subconjunctival Injections of Atropine and Epinephrin *Am J Ophth* 1926 35 ix 24

PAD -

lenses of the skull and in cases of exostoses and fracture The dimensions of the two principal diameters should be determined from the plate by calculation or graphically Diameter 1 is directed downward and outward at an angle of 45° or 50°

which are likely to cause symptoms of atropine poisoning The injection may be repeated if necessary

Optic canal below average size are the rule in cases of nerve involvement secondary to sinus or other focal infection If the involvement is unilateral the side affected is usually the side with the

these were acute cases The three cases in which the results were unsatisfactory were old cases of posterior synechia

LYMAN A COPPS M D



Graves B Change of Tension on the Lens Capsules During Accommodation and Under the Influence of Various Drugs *Brit M J* 1926 1 46

This article is based on a case in which the anterior and posterior lens capsules containing no lens matter can be observed with the slit lamp. The patient is a man 31 years of age who sustained a penetrating injury of the left eye about eight years ago.

can be noted

The behavior of the capsules shows that one mechanical result of accommodation is a relaxation of the tension of the capsules. When the patient looks at distant objects his lens capsules become tense and when he looks at near objects they relax the posterior capsule relaxing more than the anterior capsule.

the capsules are tense under the slit lamp as a

begins to change the size of the pupil

Whenever the region of the other eye or of the affected eye is touched or pressure is made on the other eye there is an immediate relaxation of the capsules. This may indicate an automatic reaction of the accommodation mechanism for protection.

LYMAN A. COOPER, M.D.

1926 IV 21

According to the ophthalmic picture the authors have classified their thirty cases of erythraemia (chronic polycythemia vera) into four general groups.

In the first group were nine cases in which the eye grounds were apparently normal the average

7 836 000 and the average haemoglobin value 11.2 per cent.

In Group 3 there were ten cases with dilatation and tortuosity of the veins and definite changes in

due to polycythemia

Polycythemia is characterized by a tendency toward hemorrhage but retinal hemorrhage is infrequent possibly because of the extreme viscosity of the blood. Fundus changes seem to depend more upon an increase in the haemoglobin than on an increase in the number of erythrocytes.

Duke Elder W. S. The Reaction of the Intra Ocular Pressure to Osmotic Variation in the Blood. *Bull J Ophth* 1926 2 1

of experiments on cats

urine were recorded during and after the injection various isotonic and anisotonic solutions.

When isotonic injections were given the intra ocular pressure followed the blood pressure quite closely. A slight initial fall was followed by a rise during the injection and then a slow decrease to the original level. This effect was very slight and purely mechanical.

1. F. Spod

inal value by 15 mm Hg. The intra ocular pressure slowly to the initial level.

during the injection fell at first rapidly then rose rapidly, and at the end of the injection exceeded its initial value. It then again fell rapidly to a low level but at the end of forty minutes began to rise again slowly.

During the injections the intra ocular pressure varied with the arterial pressure a mechanical phenomenon dependent upon volume but the later variations could not be correlated with the vascular pressure.

With alimentary administration the initial sudden changes were absent but the later variations were the same as those noted after intravenous injections though less marked.

cautious dissection and elevation of the flap is essential in order to avoid damage to a possible choroidal sarcoma with dissemination of its cells.

Of these two methods the latter is likely to be the less dangerous.

If the presence of a growth is determined by this means the eyeball should be enucleated immediately. If no such evidence is obtained the wound may be closed and at a later date further operative treatment may be given for the glaucoma if it is considered advisable. THOMAS D ALLEN M D

Knapp A Glaucoma in Myopic Eyes Arch  
Ophth 1926 lv 35

While the anatomical peculiarities of the hypermetropic eye favor the development of glaucoma glaucoma of the simplex type occurs also in myopia. Some ophthalmologists have found myopia in about 33 per cent of cases of glaucoma simplex but in only 10 per cent of cases of congestive glaucoma.

The author has found glaucoma simplex in thirty two cases of myopia. One of these cases presented some symptoms of congestion but these were never acute. The majority of the patients were over 60 years of age but one was 16 and another 2 years old.

the blood and ocular contents

LYMAN A COFFEY M D

Neame H and Khan W A Glaucoma Secondary to Choroidal Sarcoma the Treatment of Painful Blind Glaucomatous Eyes Brit J  
Ophth 1925 ix 618

Of 402 eyes excised on account of glaucoma ap  
no m l c o

new growth

Of sixteen sarcomata of the choroid thirteen were spindle celled three were round or polygonal celled twelve were pigmented and four had little pigment or were unpigmented.

In the diagnosis no assistance is to be obtained from a consideration of the age of the patient.

The treatment of most cases of blind painful glaucomatous eyes should be enucleation especially if the glaucoma is unilateral. In the few cases in which the media of the eye are sufficiently transparent to permit examination of the fundus oculi there is an obvious anterior detachment of the retina and the presence of a new growth is not suspected or is doubtful one of the two following procedures may be adopted as a preliminary to further surgical treatment.

1 Scleral puncture into the space external to the detachment and ophthalmoscopic examination to ascertain whether the detachment (or retinal cyst) has diminished in size.

2 Dissection over the site of the detachment of a scleral flap with its apex directed anteriorly. Very

## NOSE AND SINUSES

Blaif V P The Problem of Bringing Forward the Retracted Upper Lip and Nose Surg  
Gynec & Obst 1926 xlv 128

704

o c c n b o d r o c k

are drawn forward and fixed in this position. In some cases a combination of the two plans will give the best results.

The methods of building out the bone have been (1) the use of a dental prosthesis (2) orthodontic treatment and (3) cartilage transplantation. In any of these methods it may be necessary to loosen and suture the soft parts forward, deepen and line the sulcus with Thiersch grafts, or lengthen the nasal tube with a flap from the forehead, the arm, or the mucosa of the mouth.

columella in a forward position on the lower border of the septum.

The article contains numerous illustrations.  
JAMES B. BROWN, M.D.

Layton T. B. The Septum Operation. *J. Laryngol. & Otol.* 1926, 41, 33.

Layton calls attention to the frequency of unsatisfactory results following septum operations. In some cases the symptoms persist because they are not due to the septum. In others the poor result is due to perforation or incomplete removal due to

often instead of resection of a deviated septum.  
THOMAS C. GALLOWAY, M.D.

Hestger J. D. Some Fundamental Points in the Diagnosis and Treatment of Ethmoid Disease. *J. Indiana State M. Ass.* 1926, 21, 5.

Pathological changes of the ethmoid involve the mucous membrane and the bone. Hajek divides them into (1) inflammations of the superficial layers (2) deep inflammations affecting the soft parts between the bony trabeculae, and (3) bone involvement affecting the middle turbinate and involving the mucous membrane, periosteum, bone, and medullary substance.

The author states that ethmoiditis begins as a

brane has been removed

In the diagnosis of nasal sinus disease the findings of the clinical X-ray and transillumination examinations, the history, and the symptoms must be considered.

Ethmoid disease is non-suppurative or suppurative. In the former the diagnosis depends upon anterior and median rhinoscopy and the use of probes for the anterior and middle cells and on posterior rhinoscopy for the posterior cell. In suppurative cases it is necessary to exclude the antrum

structions may result in a cure. In the average case

Fin

Attention is called to the fact that large series

makes sinus infection rank in importance with otitis media and trauma.

of an inflammatory process occasionally a tumor to the brain or its meninges, pyogenic meningitis, leptomenigitis, involvement of the brain substance with the formation of an extra-dural or

cerebral involvement and the route of infection. Attention is directed to the significance of ophthalmic complications. The close anatomical relationship between the posterior group of cells and the optic nerve and orbit explains the frequency of extension of inflammatory processes from one to the other. The relation of syphilis to sinus disease is also considered.

The author describes a case of suppurative posterior ethmoiditis and sphenoiditis with unusual

cerebral complications and almost complete destruction of the optic nerve. The intracranial disease was overlooked because attention was focused upon the obvious manifestations of syphilis. The unilateral exophthalmos and primary optic atrophy should have suggested cavernous sinus thrombosis but the patient entered the hospital in the terminal stages when the acute manifestations of nasal infection were forgotten. That they were present and received consideration is evidenced by the fact that the husband of the patient possessed X-ray pictures showing clouding of the ethmoidal sinuses. Another factor that did not receive sufficient consideration was the examination of the spinal fluid.

A. R. HOLLENDER, M.D.

## MOUTH

**Derman G. L.** Tumors of the Tongue (Zur Kenntnis der Zungentumoren) *Zentralbl. f. allg. Path. u. path. Anat.* 1925 **xxvi** 150

The most common tumor of the tongue is carcinoma. Next in frequency are papillary new growths. Rarer are fibroma, lipoma, myxoma, chondroma, osteoma, angioma, amyloid tumors, and adenoma. Exceedingly rare are congenital macroglossia, neurofibromatosa, rhabdomyoma, and sarcoma.

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removal it recurred and in the course of a year reached the size of a hen's egg filling the entire buccal cavity spreading diffusely into the tongue.

ma

undergoing karyokinesis. Between the tumor cells

in size. When the tumor was removed it measured 5 by 4 by 3 mm. Its surface was nodular and exhibited a reddish deposit. Its cut surface was whitish and its consistency dense. Low power

were arranged in patches and nuclei were stained a reddish tint by the Van Gieson stain. The entire

was a fibrous substance and nuclear portions were contrasting structures resembling the stripes of a tiger skin. In many areas the cell combinations were grouped about a fibrous center to form the rosette structures. An illustration in the original article renders the description clearer.

HAUMANN (Z)

## NECK

**Just E.** Recurrent Struma (Zur Frage der Rezidivstruma) *Arch. f. klin. Chir.* 1925 **clxxxv** 160

In von Eiselsberg's clinic 2,647 goiters were operated upon in the period from 1901 to 1923. The indications for operation were narrowing of the trachea and oesophagus and functional disturbances of the thyroid in the form of Basedow's disease and hyperthyreosis. The disfigurement caused by the goiter was not regarded as an indication for operation.

One hundred and twenty-four (4.7 per cent) of the patients were operated upon for a recurrence. To these 124 must be added ninety-eight whose operation at the von Eiselsberg clinic was for recurrence.

Of the 222 patients with recurrence 176 were women. Ten of the women

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of thirty-three women who devel

In the cases of sixty women and twenty men the

tendency toward goiter seventeen were from a goiter region

From the fact that recurrence of a goiter develops relatively more frequently in young persons the author concludes that the gland which has been diminished by operation becomes reformed in response to the demands of the body. Besides the patient's age the type of the struma is of importance in the tendency toward recurrence

exact distinction was made between thyroopriva and parathyroopriva. Congenital athyreosis and its accompanying cretinism is not a simple athyreosis and is less certain to be cured by the administration of thyroid than idiopathic myxedema or cachexia strumipriva.

The author reports eight cases of operative

operation have there been any symptoms of thyroid deficiency

nothing to suggest a phosphorus containing hormone in addition

Sudeck therefore comes to the conclusion that the administration of thyroid is a certain method of preventing the appearance of the symptoms of thyroid deficiency and that accordingly total extirpation of the thyroid gland cannot be considered a procedure which is never permissible. A sure objective criterion of the dosage indicated is

tion of thyroxin for the remainder of his life after the operation also that the

**Sudeck, P. Total Extirpation of the Thyroid Gland**  
(Ueber die Totalexstirpation der Schilddrüse)  
*Beitr z klin Chir* 1915 **CXXXIII** 533

In 1921 Sudeck reported several cases of carcinoma

As there is considerable difference of opinion regarding the possibility of such substitution

sule and there are no metastases

deficiency

Experimental investigations regarding thyroid substitution gave findings of value only after an

myxedema

In other cases an extensive bilateral resection of the glands with ligation of the arteries is indicated

J. A. SSKY (Z)

Craver L. F. Cancer of the Thyroid and its Present Day Treatment *Ann Surg* 1925 lxxxi 833

Carcinoma of the thyroid is almost always preceded by goiter. It occurs most frequently between the ages of 40 and 60 years and is about twice as common in women as in men. Among the etiological factors are various infections, irritation, trauma and circulatory disturbance. The process is said to

From his review of the literature and a study of thirty seven cases the author concludes that it is best to remove all nodular masses of the thyroid and to give postoperative irradiation with the roentgen ray or the radium pack.

GEORGE R. McAULIFF, M.D.

Colledge L. Fourteen Cases of Total Laryngectomy for Intrinsic Cancer of the Larynx. *J Laryngol & Otol* 1926 xl: 19

This article is a report of laryngectomy in cases unsuitable for laryngofissure. Of the fourteen patients seven are alive and well from one to four years after the operation. Three died from recurrence, two from postoperative bronchopneumonia, one from embolism a month after the operation and one from heart failure six months after the operation. Laryngectomy from above by Glueck's method was done in nine cases.

THOMAS C. GALLOWAY, M.D.

In the cases of sixty women and twenty men the

tendency toward goiter seventeen were from a

diminished by operation becomes re formed in response to the demands of the body Besides the patient's age the type of the struma is of importance in the tendency toward recurrence

By far the most common form of goiter in both males and females is the diffuse struma which seems to have a special tendency to recur The type next most apt to recur is the oedematous struma In the

Sudeck P Total Extirpation of the Thyroid Gland  
(Ueber die Totalexstirpation der Schilddruese)  
Beitr z klin Chir 1925 cxviii 533

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Experimental investigations regarding thyroid substitution gave findings of value only after an

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The author reports eight cases of operative

deficiency

nothing to suggest a phosphorus containing hormone in addition

Sudeck therefore comes to the conclusion that the administration of thyroid is a certain method of preventing the appearance of the symptoms of thyroid deficiency and that accordingly total extirpation of the thyroid gland cannot be considered a procedure which is never permissible A sure objective criterion of the dosage indicated is

the operation It must be remembered also that the

grade cachectic severe cardiac symptoms and disturbance of endocrine function and the signs of myxoedema

In other cases an extensive bilateral resection of the glands with ligation of the arteries is indicated  
JANSSEN (Z)

The absence of symptoms referable to the lenticular nucleus in most of the cases shows that symptoms if present cannot be attributed to the vascular degeneration nor to the immediately underlying causes. Attention is called also to the fact that while extensive vascular deposits were found constantly in paralysis agitans the discovery of equally advanced changes in other diseases indicates that

ably the former. Punctures should be made in several directions. If the clinical indications point to the presence of an abscess and no pus is found an opening should be made behind the sinus and the posterior portions of the cerebellum should be explored. To expose as large an area of the cerebellar lobe as possible an attempt may be made to displace the sinus. If this is impossible it may be opened plugged and then resected.

STANLEY J. SEEGER, M.D.

Rea, R. L. A Cerebral Tumor Displacing the Optic Tracts, Chiasma and Nerves. *Proc. Roy. Soc. Med. Lond.* 1915, XVIII, Sect. Ophth., 43.

The author reports the case of a man 51 years of

patient succumbs. The deposit of iron salts is to be correlated with the high iron content of these parts of the brain. WALTER C. BURDET, M.D.

Milligan, Sir W. Cerebellar Abscess. *J. Laryngol. & Otol.* 1916, xli, 1.

Intracranial abscesses due to acute pyogenic infection of the middle ear cleft are rare. In almost every case the progress of the infection from the original

tical inquiry. A review of the literature shows that

A diagnosis of cerebellar abscess has been made no time should be lost in opening up the posterior fossa. Unless this is done death may occur from sudden pressure on the respiratory or cardiac center or both. It has been the author's custom

since he has found lumbar puncture of value in numerous cases.

definite papilloedema. A roentgenogram showed a much flattened sella turcica.

A decompression operation was performed. Death from meningitis followed two days later. Post mortem examination showed a tumor of the pituitary region 4 cm. across which had stretched and flattened the right optic tract and nerve (Fig. 1). Microscopic examination showed the tumor to be an endothelioma intimately connected with the walls of the cavernous sinus.

In the discussion of this report it was brought out that the only way in which the tumor could have

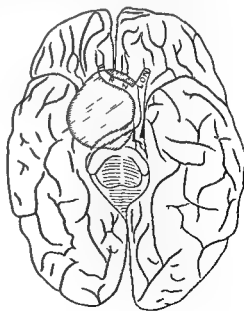


Fig. 1. Base of brain with tumor (shaded) in situ.



# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Cushing H. Cameron Lectures I The Third Circulation and its Channels II The Pituitary Body as now known III Intracranial Tumors and the Surgeon *Lancet* 1935 ccr 851 890 956

These Cameron lectures were delivered at the University of Edinburgh on October 19 20 and 22 1935 They are reported in the *Lancet* slightly abridged and will be published as a small volume dedicated to Cushing's group of younger associates in Baltimore and Boston In this manner he modestly gives credit to these men for the subject matter of his lectures yet to anyone who is acquainted with him his stimulus and guiding hand may be seen throughout

I cannot presume to abstract these lectures The

81 years bore no relation to the severity of the

the posterior part occurred in only three cases Frequently only a few arteries in the anterior half were

the future progress of neurological surgery

LOYAL DAVIS M D

Hurst F W On the So Called Calcification in the Basal Ganglia of the Brain *J Path & Bacteriol* 1926 cxix 65

Sections containing the lenticular nucleus from the brains of 100 patients with diseases of the central

present also in the intima Frequently deposits were found at the peripheral margin of the nucleus

under discussion is incorrect the process consists in the infiltration of one or more coats of the vessel with iron salts and calcium cannot be demonstrated

The so-called calcification deposits in the vessels of the globus pallidus occurred in 50 per cent of the cases and were found in many diseases of various parts of the central nervous system Arterial deposits were seen in all of seven cases of paralysis agitans

degeneration and were present in early life (nine of the subjects were under 15 years of age) They were present also in the internal capsule and other parts of the basal ganglia but not so often nor in such large numbers as in the lenticular nucleus They usually appeared with vascular deposits sometimes in large numbers especially in an area situated a short distance behind the extreme anterior tip of the pallidum

emphasized that conclusions drawn from observa-

necessary to prove the return of function. The nerves best adapted to anastomosis with the recurrent laryngeal nerve seem to be the descending hypoglossal and the upper root of the phrenic nerve. The use of the descending hypoglossal nerve is of advantage because this nerve is situated near the larynx where operative injuries of the recurrent laryngeal nerve usually occur and it is a larger nerve than the root of the phrenic nerve. On the other hand the phrenic nerve is a respiratory nerve and hence better suited to supply the impubes for the

resort to confirm the findings of neurological examination in cases in which it can be removed at a probable subsequent operation. They believe also that in doubtful cases an exploratory laminectomy is better than the injection of lipiodol and that in many cases the injection of air into the spinal theca by lumbar and cisterna magna puncture will be found sufficiently satisfactory for X ray examination until a non irritating absorbable substance can be discovered. WALTER C BURLET M D

#### Mixer W J Compression of the Spinal Cord by Tumor *Ann Surg* 1925 lxxvii 865

Except in the rare instances of metastatic malignant disease with destruction of the cord the symptoms of spinal cord disturbance due to a tumor must be caused by compression associated with

### SPINAL CORD AND ITS COVERINGS

Sharma W and P

For diagnostic purposes the authors injected

case in which the cisterna magna puncture was done the lipiodol which was arrested in the mid dorsal

were found. The oil remained unabsorbed after five and one half months.

In the two other cases X ray examination showed the lipiodol to be still unabsorbed after fifteen months. The fact that in numerous roentgenograms its position was unaffected by changes of posture suggested that in these cases also it had become encysted. The absence of severe symptoms of irritation in these cases is attributed to the fact that the injection was made by lumbar puncture and the lipiodol settled to the lowest part of the spinal theca in the sacral cul de sac.

The lipiodol employed was tested and reported aseptic and chemically pure.

The authors therefore conclude that lipiodol should be injected only by lumbar puncture with the patient in the Trendelenburg position so that it can sink to the neurologically less important structure of the cul de sac of the caudal spinal theca where its presence will cause less harm than in other parts and that it should be employed only as a last

shows signs of block

temperature headache and an increased cerebrospinal fluid cell count

In the use of lipiodol from 1 to 2 c cm is injected by cisternal puncture with the patient in the recumbent position. The passage of the oil through the canal is then followed either with the fluoroscope or by a series of plates. During its descent it is seen in elongated sausage shaped masses. If there is no obstruction it settles in the lower end of the lumbar sac usually in the form of an inverted cone. In false arrest the masses retain the sausage shape. In true arrest from obstruction of the canal it forms a cap over the tumor or narrow streaks alongside the obstruction.

At laminectomy the author dissects one side of the spinous processes and then undercuts them so that closure may be made by careful approximation of the fascia to the interspinous ligament. Local thinning of the epidural fat suggests tumor. If no tumor is found when the dura is opened the behavior of the cerebrospinal fluid is noted. If there is no obstruction a pulse wave is transmitted down

given rise to the symptoms (complete blindness

On the basis of accurate and specific cytological

optic tract

SUMNER L. BAILEY M.D.

Elsberg C. A. Problems in the Diagnosis and Treatment of Infiltrating Tumors of the Cerebral Hemispheres with Remarks on a New Surgical Procedure 4th J M Sc 1925 clxx 314

The author calls attention to the great difficulty of recognizing the exact nature of infiltrating sub-cortical supratentorial tumors and the frequency with which such tumors are operated upon without any helpful result. In order to reduce to the minimum the number of unsuccessful operative procedures

h. eff. concussio

lateral ventricle indicating the pits u  
the

cortical growths  
toms are characteristic of a cortical growth of pituitary tumor of tumors of the floor of the third ventricle or of tumors within the ventricles

SUMNER L. KOCH M.D.

Dott N. M. and Bailey P. A Consideration of the Hypophyseal Adenomata Brit J Surg 1925 xlii 314

tumors since the graph on the pituitary body. Several new interpretations of known fact. and some new physiological and clinical facts are presented.

Blalock A. and Crowe S. J. The Recurrent Laryngeal Nerves in Dogs. Experimental Studies Arch Surg 1926 xli 95

In experiments on seventeen dogs the authors anastomosed the following nerves to the severed recurrent laryngeal nerve: (1) the descending hypoglossal nerve (end to end) (2) the main trunk of the vagus (end to side) (3) the main trunk of the phrenic nerve (end to side) (4) the root of the

nerve proximal and distal also noted. The histological studies were made principally on preparations stained by the Bielchowsky Cajal and Weigert methods.

There was definite evidence of regeneration following the use of each of the nerves employed. It is

the cords after animals were of the cases of the tomosis was

Of seven cases which were first seen more than two years after the injury (one after five years) a 75 per cent recovery of function was obtained in one and a 50 per cent recovery of function in four. In one case the treatment was a failure and in another the operation was performed too recently to warrant

lesion was due to compression. In two cases the nerve destruction was so complete that nothing

shaped plaster cast and gradually stretches the flexion contracture until the wrist and fingers are in hyperextension. A removable splint is then applied and exercises are begun. As function returns the

reduced and at frequent intervals during the after treatment.

3. Early end to end suture or neurolysis results in a cure in a high percentage of cases while delay of treatment means an unsatisfactory result and often permanent crippling.

4. It should be borne in mind that the fractured extremity consists of muscles, blood vessels and nerves as well as bone. A fracture should be treated to secure both anatomical reposition of the bone fragments and proper function of the part.

WALTER C. BLACKETT, M.D.

Phillips H. B. and Rosenheck C. Neuro Arthropathies of Peripheral Nerve Injury. Origin Report of Two Cases. *J Am Med Ass* 1926 112: 159.

The

On this number twenty two represented the classical Charcot form of tabes. One of them was caused by syringomyelia and two were due to peripheral nerve injury. None

Neuro-arthropathies of peripheral nerve origin occur in laborers subjected to prolonged or repeated

muscular strain or severe traumata to the joint produced by direct or indirect violence. They develop very gradually with moderate disability. The progressive swelling of the joint may attain considerable proportions. The disability that ultimately supervenes is apparently the result of mechanical factors secondary to the marked periarticular swelling and disorganization of the joint. Pain may be entirely absent as in neuro arthropathies of central origin.

Physical examination reveals a markedly swollen joint with distended synovial sacs. The skin is

history of delayed onset after injury.

Two cases are reported. One of the patients had had an exploration of the shoulder joint for suspected malignancy before he was seen by the authors.

STANLEY I. SEEGER, M.D.

Stewart J. E. An Experimental Study of Transplantation of the Nerve Supply of Muscles. *J Bone & Joint Surg* 1925 VII 948.

In an experimental study to determine the effect

the rectus. The right rectus was resutured without the nerve muscle transplant. In three dogs after two, two and one half and three months respectively faradic stimulation of the nerve caused contraction of the left rectus though no actively staining axis cylinders were found in the

nerves distal to the transplant. The right rectus was atrophied and gave the reaction of degeneration in each case.

In a second series of experiments the femoral nerve was resected from its origin from the sacral plexus to its distribution in the thigh. Several weeks later a segment from the adductor longus was transplanted into an artificial defect in the paralyzed

suturing was accurately performed regeneration with power of contraction took place even though the nerve had been paralyzed by an alcohol injection two months previously.

The author concludes from his experiments that

doubtful

that it was not extensive enough to be of practical value

SUMNER L. KOCU, M.D.

### SYMPATHETIC NERVES

Danielopolu D. The Surgical Treatment of Angina Pectoris. *Brit M J* 1926; 1: 180.

In the Jonnesco method of treating angina pectoris the division of certain nerves such as the

nerves which contain sensory cardio-aortic fibers—possibly more than in the Jonnesco operation—are severed. In order to judge the value of the Jonnesco operation the cases which are now sufficiently

Cervical sympathectomy alone may be very

of the vertebral nerve intrathoracic branches of the

or the gastro-intestinal arteries and retractor muscles to sensory fibers supplying the abdominal viscera. To prevent the attacks in such cases the solar plexus must be treated.

Cases of angina pectoris for surgical treatment

Fedoroff S. P. and Saposchko K. P. The Technique of the Operative Treatment of Angina Pectoris by Section of the Depressor Nerve (Zur Technik der operativen Behandlung der Angina pectoris mit Durchschneidung des depressor). *Zentralbl f Chir* 1925; 11: 1937.

recurrent laryngeal and superior laryngeal

remained independent

6 It was formed by two roots one from the superior laryngeal nerve and the other from the upper ganglion of the sympathetic and ran along side the vagus

Therefore it is necessary only to expose the point of division from the vagus and the superior and recurrent laryngeal nerves. Any branch which lies in this angle arises at its apex or comes off its sides and then either runs independently or unites with the vagus or the sympathetic nerve is the depressor nerve. Knowledge of this fact renders unnecessary the tedious dissection of the entire region of the neck.

The authors give a detailed description of the operative technique and supplement their article with several good illustrations. RIEDER (Z)

### MISCELLANEOUS

Skilern R. H. Headaches—The Nasal Aspect  
*Ann Otol Rhinol & Laryngol* 1925 XXXIV 917

The headache or pain of sinus disease results from acute congestion of the mucous membrane with partial or complete obliteration of the sinus cavity or from the pressure of retained exudate on the inflamed mucous membrane. The absorption of toxins from the bacteria present is probably an associated factor. The author believes that vacuum headache is uncommon and difficult of demonstration.

The pain may be dull splitting throbbing or sickening and may change from time to time. It

Though the pain resulting from sinus disease shows many variations certain fairly definite characteristics are noted. In a given infection the pain will always recur in the same place. Complete

the antrum but tenderness on pressure is usually absent.

The pain of frontal sinus infection is a dull head ache which increases until it becomes splitting or

extensive involvement including even cerebral complications.

severe

dizziness especially on stooping and pain below the

val of "sickening and throbbing during the quiescent stage there is only a feeling of heavy pressure. SUMNER L. KOCH M.D.

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Greenough R B Varying Degrees of Malignancy  
in Cancer of the Breast *J Cancer Research* 1915  
12 453

erable and metastatic carcinoma of the breast which were admitted to the breast clinic of the Memorial Hospital New York prior to May 1 1922 The interval since these cases of carcinoma were first observed has been therefore three years or more

Cases of recurrent mammary carcinoma were

degrees of malignancy of these tumors was worked out and has been corroborated by the postoperative

2 Such a classification is of importance in the

6 A high degree of round cell infiltration appears

roentgen ray treatment constitute an important

Lee

This article is a report of the course and an analysis of the treatment of 363 cases of recurrent mammary

CONTRIBUTED BY

EMIL C ROBITSNEK M D

TRACHEA LUNGS AND PLEURA

Grady H. W. The Demonstration of the Bronchial Tree by Intratracheal Injections of Lipiodol 1m *J Roentgenol* 19 6 xv 65

membrane and about 5 c cm of 1 per cent novocain

Eggers C Lung Abscess Complicated and Iliaden by Empyema *Arch Surg* 1926 xii 338

This article is based on ten cases of lung abscess complicated by empyema. Roentgenograms and photographs of some of the patients are reproduced. Case reports are given in detail to illustrate various types of lung abscess.

The cause of a lung abscess does not seem to determine its position. In one of the cases reviewed the abscess followed a septic abortion and in two it followed an operation and was due to the aspiration

both processes occur simultaneously.

Various clinical and pathological pictures are presented by the development and course of lung abscesses. Rupture may occur slowly giving the overlying parietal pleura a chance to become adherent. In such cases an encapsulated empyema is formed. In other cases the perforation may occur suddenly and cause a complete pneumothorax.

Occasionally large abscesses formed within the lung contain so much pus that they are mistaken for empyema. These probably begin as peripheral abscesses.

convalescence

In most cases of lung abscess there is some communication between the abscess and the bronchi and pus is expectorated. The tension in the abscess is therefore not great and the perforation into the pleura is not large. If the bronchial communica-

usually do not require a secondary operation since as a rule they become obliterated spontaneously. Adequate drainage of the thorax and sometimes mobilization of the lung is necessary to bring about healing.

CARL R. STEINKE M.D.

JOHN J. MALONEY M.D.

Stewart D. A. The Medico-surgical Borderland in Thoracic Tuberculosis *Arch Surg* 1926 xii 88

Stewart states that with the new facilities and methods being used today in the treatment of pulmonary tuberculosis the results are much better than the best obtained a few years ago and can be further improved.

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approx m

will need



Singer J J and Graham E A Roentgen Ray  
Study of Bronchiectasis *Am J Roentgenol*  
1916 xv 54

Jackson and Shallow perform a combined (esoph-  
agoscopic and external) one stage operation and

prevent postoperative pneumonia, pulmonary ab-

#### JOHN J MALONEY M D

Lilienthal H Vital Capacity Following Lobec-  
tomy *Arch Surg* 1916 xii 286

Evert J A Malignant Tumors of the Thymus  
with the Report of a Case *Minnesota Med*  
1915 viii 730

Reference is made by Evert to the statement of  
Schridde that with the exception of bone marrow  
the thymus is the organ of the body which is poorest  
in tumors

The author reviews the anatomy of the thymus  
and cites the various theories which have been  
advanced with regard to the origin and function of  
the parenchymal cells

formed during childhood the development of the

sematous nature

A series of spirometer readings before operation

the terms sarcomatous thymoma and carci-  
nomatous thymoma

*Thymomata of the sarcomatous type outnumber*

#### ESOPHAGUS AND MEDIASTINUM

Jackson C. and Shallow T A Diverticula of the  
Esophagus Pulston Traction Malignant  
and Congenital *Ann Surg* 1916 lxxxii 1

From esophagoscopy studies Jackson has come  
to the conclusion that the most important functional

usually occur in those under 35 years and have  
been found in children

the only malignant tumor of the

ent

The sarcomatous thymomata are usually more rapid in their development than thymomata of the carcinomatous type and cause death from one to four months after their first manifestations. Carcinomatous thymomata develop more insidiously. The dyspnea increases as the tumor grows and the neoplasm may extend to the lungs causing venous congestion and cyanosis of the head and neck.

At the end of the third week the roentgen examination was still negative. A week later rose spots appeared on the abdomen the sputum was blood streaked and the patient was delirious. The skin eruption soon spread over the entire body and a  
 " X ray  
 uliary

both  
 lungs. The thymus was large and firm. On microscopic examination a thymoma of the sarcomatous type was found in the thymus and sarcomatous metastases were discovered in the cervical lymph nodes and the lungs liver bronchial lymph nodes kidneys and skin.  
 HAROLD M. CAMP, M.D.

# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Crissey R H A Method of Radical Cure of Femoral Hernia J Michigan State M Soc 1926 xxv 18

The author's procedure for the radical cure of

intramural nerve plexus (2) the extragastric sympathetic and parasympathetic nerves and (3) the connection between these and the central nervous system By the last mentioned path psych stimuli can exert an influence upon the reflexes of the intestines

In warm blooded animals the primitive autisms are more strongly held in restraint by the extragastric influences than in animals of the lower orders but they become dominant when the higher centers are disturbed

The dependence of the reflex processes upon the stomach is indicated by the disturbances of secretion and motility in cases of ulcer

Ulcer and cardiospasm may develop independently of one another on the basis of a sympathetic neurosis but there are facts which suggest that there may be also a causal relationship between them in which the ulcer is of the greater importance

Investigations carried out by the author with Gellhorn led to the conclusion that besides the reflex arc described by Schlesinger (by way of the

muscle a hæmostat is introduced and made to retract

is then closed

The author has performed this operation in two cases with successful results

WILLIAM J PICKETT M D

## GASTRO INTESTINAL TRACT

Budd

C

S

a

This article deals with the true spastic or hyper

Processes

of this theory

methods

QUEMEL W

Marx H The Effect of Protein Therapy on the Anatomical Picture in Gastric and Duodenal Ulcer (Zur Wirkung der Proteinkoerpertherapie auf das anatomische Bild des Ulcus ventriculi und duodeni) M H a d G e n g b d Med u Ch 1925 xxxviii 447

Marx discusses the effect of protein injections

healing there was a tendency towards ulcer formation

in ten cases there was a striking tendency of protein to atrophy (2)

of a man's arm

The motor and secretory reflexes of the stomach are dependent upon the innervation viz (1) the



The fistula must be formed above the point of obstruction in order to relieve the gaseous distention of the bowel. The operation should be performed under local anesthesia. Into the portion of the intestine which has been emptied by puncture between two intestinal forceps a rubber tube is sutured by Witzel's method and at the point of exit of the tube the intestine is fixed to the edge of the abdominal incision by a suture. The wound is then closed around the tube. BRUYER (Z)

Arens R A and Bloom A R. The Role of the Temperature of the Opaque Meal in the Filling of the Duodenal Cap. *Radiology* 1926 vi 34

The findings of these experiments prove conclusively that there is no difference in the filling time of the duodenal cap due to variations in the temperature of the opaque meal.

JOHN W. ALLEN, M.D.

Walters W Kilgore, A M and Boliman J L. Changes in the Blood Resulting from Duodenal Fistula. *J Am Med Ass* 1926 lxxvii 186

In reports of cases of duodenal fistula no explanation has been given of the cause of the associated toxemia. The authors study of the chemical changes in the blood accompanying clinical and

accumulation of non protein nitrogen in the blood was prevented.

Intravenous injections of glucose solutions and

were given.

The experiments led to the conclusion that fluid balance plays a part in the toxemia accompanying duodenal fistula. Parallel studies of changes in the blood coincident with experimental gastric fistula showed that with an increase in the amount of

chloride content. To determine how much of the

is then jejunostomy

Mueller P. The Surgical Complications of Meckel's Diverticulum (Die chirurgischen Komplikationen des Meckelschen Divertikels). Dissertation Erlangen 1915

Following a brief review of the theories as to the origin of Meckel's diverticulum the author discusses the causes of surgical complications on the

and those caused by the mesenteric u  
ticulum

The author does not discuss the diagnosis. He  
states that it can be only surgical

plications and those of invagination and diverticulitis

In conclusion the author reports four cases operated upon at the Erlangen university clinic three of which were cured

VOLLHARDT (Z)

Pennett C A Cancer of the Colon *Brit M J* 1926 i 7

the examination of patients with recurrent attacks of abdominal pain and constipation During such an attack careful palpation will often reveal disten-

When the diagnosis was made only at operation

Fungating growths do not encircle the bowel and have little tendency to cause obstruction Such tumors ulcerate and their symptoms are due chiefly to the resulting infection The cachexia and diarrhoea often lead to an erroneous diagnosis of simple or ulcerative colitis A pelvic tumor may give rise to bladder symptoms The author describes the following syndromes (1) vague abdominal symptoms such as transient abdominal pain (2)

fore a sigmoidoscopic examination should always be made

In the hope of

employed without a colostomy In the technique used by the author axial rotation of the bowel is done so that the mesenteric angles not in apposition and the peritoneum is brought in contact from one side at least In properly selected cases Paul's method may be employed

The results of surgery are better in cancer of the colon than in cancer of any other part of the body

WILLIAM J PICKETT M D

Cunningham T D Stasis in the Ascending Colon Stimulating Chronic Appendicitis *Radiology* 1925 v 480

Cunningham discusses cases of digestive disturbances which

has found that in cases of this type in which an

sufficient roughage and a poorly balanced vitamin content insufficient exercise of the abdominal muscles and the increasing strain of modern living

SHIRLEY C IVONS M D

Petrén G The End Results of Ekehorn's Rectopexy for Rectal Prolapse in Children *Acta chirurg Scand* 1925 lxx 287

Petrén reports the findings made at re-examination of twenty-six children on whom a rectopexy by Ekehorn's method was performed from one to fourteen years ago In all the result was satisfactory

Case J T Suggestions Regarding the Radium Treatment of Rectosigmoid Carcinoma *Am J Roentgenol* 1925 xiv 547

In cases of rectosigmoid carcinoma the tumor is frequently at a higher level than can be reached with the proctoscope and the direct application of radium by rectal introduction is uncertain The author

At the end of that time a rubber tube containing the radium is drawn through by means of a strong linen thread The radium is secured in the tube by a ligature tied above and below it It is kept in contact with the tumor by a shoulder on the tube which impinges against the structure and is formed by rubber wound around the tube The tube projecting from the rectum is drawn taut and clamped

I EDWARD BISHOP M D

## LIVER GALL BLADDER PANCREAS AND SPLEEN

Oliver S Surgical Problems in Jaundice *Okla State M J* 1926 xxi 21

The bile salts sodium glycocholate and sodium

In cholecystitis and cholelithiasis there is an increase in the bile salts in the urine but in certain cases of hepatic cirrhosis it is common to find an increase in the bile pigment with no increase in the bile salts. In pancreatic necrosis carcinoma of the liver and pancreas arsenphenamin jaundice and gumma of the liver an increase in both bile elements is found.

From ten to twelve days after the gall bladder is removed by operation.

In some unfavorable cases there is a marked post operative increase in the bile elements in the urine the bile continues to be low in bile elements and death occurs from anuria and myocardial insufficiency. In others the biliary and urinary secretions

manent damage has been done to the tissues of the liver.

(1) hemolytic jaundice with bile pigment of altered type and no increase but a possible decrease in the bile salts in the blood. (2) hypertrophic cirrhosis of the liver with an enormous increase in the bile pigment but no increase in the bile salts. (3) chemical jaundice with hepatic insufficiency and (4) pernicious anemia.

Oliver believes that in gall bladder disease there is a general systemic toxemia due to a functional or pathological change in the liver which is followed by secondary lesions in other organs especially the heart and kidneys.

The treatment should include non operative measures to relieve the diseased liver as well as surgical treatment of the gall bladder.

WILLIAM J. PICKETT, M.D.

Andersson L. Traumatic Separation of the Gall Bladder from the Liver. *Acta Chir Scand* 1925 117:369

Contributed by Dr. L. Andersson

Am J Surg 1925 21:50

For a patient weighing 125 lbs or more 35 gm

of the salt are dissolved in 300 cc of distilled water. This solution is filtered and boiled and is given intravenously in two equal doses one half hour

When the gall bladder is normal its shadow is faintly visible after from four to seven hours becomes deeper up to twenty four hours and then

shadows and adhesions may be revealed by ultraviolet in the outline of the gall bladder. An abnormal location of the gall bladder may also be diagnosed.

enteric pill. The dose is 5 gr for each 10 lb

be accepted as correct and when the diagnosis is doubtful it should be checked by the intravenous use of the drug. Reactions were more common

denum through the duodenal tube. Because of the occurrence of reactions, variously coated pills were tried. The best results have been obtained from the oral administration of 5 gr. of tetra iodophenol phthalein in resin coated capsules. Stewart and Ryan's interpretation of the roentgen shadows are identical with those of Graham and his co-workers.

I EDWARD BISHKOW M.D.

Belden W. W. Secondary Evidence of Gall Bladder Disease (*Am J Roentgenol* 1926 xv 58)

Belden believes that until the tetra iodophenol phthalein test can be used by the majority of physicians and roentgenologists, gall bladder disease can be diagnosed most frequently from secondary

Gall bladder dyspepsia is manifested by fullness in the epigastrium, the belching of sour material, distress noted two or three hours after meals, occasional slight fever and icterus, sensations of chilliness.

common deformity here consists in an elevation, displacement to the right, narrowing and fixation of the intestine.

A most important finding characteristic of gall bladder disease is fixation of the hepatic flexure, but occasionally this is caused also by a long retrocaecal appendix, tuberculous peritonitis or omental adhesions.

A most common type of indirect evidence of gall bladder disease is deformity of the stomach and duodenum due to pressure by the distended gall bladder.

ature and are best seen with the patient in the prone position which forces the antrum into the right upper abdomen.

the head of the pancreas may also cause pressure defects suggesting enlargement of the gall bladder.

JOHN J. MALONEY M.D.

Phillips J. The Diagnosis and Treatment of Gall Bladder Disease—Medical Aspects (*J Iowa State M Soc* 1925 xiv 649)

a history of exposure to lead.

In angina pectoris the attack is brought on by exertion and there is a history of dyspnoea on exertion. The subsequent hyperæsthesia is over the precordium.

bending backward.

Herpes zoster may cause severe pain for several days before the appearance of the eruption.

to local hot applications and a diet of

creases operation is indicated to prevent rupture.

In chronic cholecystitis a simple diet with the avoidance of fried foods, sweets, pastries, coarse vegetables, pork and veal may be sufficient for



relief Milk mixtures may be taken between meals and when the patient retires Hyperacidity is decreased by olive oil or if marked by alkaline powders taken before meals Rest before meals thorough mastication and abstinence from tobacco are adjuncts to treatment  
J C CARVER M D

Guthrie D Indications for Cholecystostomy and Cholecystenterostomy *Atlantic M J* 1925  
XXIX 39

varied from soreness to severe paroxysms and in most instances was not continuous

LITCHFIELD estimates that 90 per cent of patients

142

SHAWLEY C LYONS M D

Brandberg R. A Contribution to the Knowledge of the Results of Splenectomy in So Called Banti's Disease *Acta chirurg Scand* 1925 LX 335

Of four cases of cirrhosis of the liver with enlarge

there is no obstruction of the cystic duct

The cases best suited to cholecystenterostomy

head of the pancreas In acute empyema of the gall bladder cholecystostomy is indicated Cholecysten

cirrhosis of the liver is due to venous stasis Splenectomy has a beneficial effect in these cases because the cirrhosis often becomes stationary after the reduction in the function of the liver which is brought about by the operation A cure by splenec

condition

the spleen is difficult to remove The genesis is not revealed even by operation The

The limitation of the indications for operation and the removal of the spleen is still a moot point in the treatment of the complications of the

Waterworth prefers the use of nitrous oxide in local infiltration with the use of nitrous oxide in addition if necessary

The nature of the primary aleukæmic splenomegalies characterized microscopically by a cellular hyperplasia of varying type is obscure but these conditions seem to be influenced favorably by splenectomy

### MISCELLANEOUS

Dexter R. Observations on the Diagnosis of Subphrenic Abscess *Am J M Sc* 1925 clx 810

The onset may be acute or insidious. Frequently it follows an operation for one of the conditions mentioned

— — — — —

and chest pains

If the condition is not treated the abscess may rupture spontaneously into the lungs stomach or intestines

A diagnostic point is limitation of the costal margin. The same holds true of the lower abdominal

form ligament and extends to the right lateral ligament of the liver. It is connected with the right

ward

peritoneal space by the foramen of Winslow. Infection in the lower abdomen may come to this space through the lumbar fossa and an infection in the lesser peritoneal cavity which is virtually the left intraperitoneal space may gain access to it through

ulcer and in one either a gastric or duodenal ulcer. Its onset was insidious. In every instance an operation was performed for the subphrenic abscess and in four was followed by recovery. The liver was displaced downward in only three cases. In five cases there was apparently pleural involvement. In all six the X ray showed the diaphragm to be displaced upward and more acutely arched than normal. It revealed also limitation of the diaphragm

et abdomen. These anatomical connections show how easily infection in the abdominal or retroperitoneal organs can be carried to one of the subphrenic spaces or other regions.

In conclusion the author gives a summary of the physical and X ray findings in the six cases reported.

HAROLD M CAMP M D

Roedelius E. Injury of the Bladder in the Opening of Douglas Abscesses (Ueber Blasenverletzungen bei Eröffnung von Douglasabscessen). *Deutsche med Wchnschr* 1925 li 1151

While ileo inguinal abscesses resulting from appendicitis or gynecological affections can usually be

caused by spontaneous rupture

must always precede the opening of the pus pocket is not without danger. The author has seen two cases of injury of the bladder in the male. In both of these the surgeon neglected to have the patient empty his bladder before the operation.

In the female the anatomical relationships are such that injuries of the bladder are rare as this viscus whether full or empty is protected by the uterus. When the abscess is approached through the median line of the posterior vault of the vagina close up behind the portio an injury of the bladder is practically impossible. In the male the bladder is in the danger zone even when it is empty. If the puncture is made too near the anus the bladder is apt to be punctured directly and if the bladder is full it may displace the abscess and be injured through it indirectly.

In one case reported by the author an exploratory puncture was undertaken with a fine needle intro-

duced in the midline behind the prostate. The

urine was evacuated through the rectum. On account of the patient's poor general condition closure of the fistula could not be considered. Therefore an artificial anus with total isolation of the intestine was necessary. Complete recovery resulted the fistula becoming completely closed in a few weeks.

These cases show that the opening of Douglas's abscesses by way of the rectum in the male is without danger and demands great care. It is particularly important to have the bladder empty. Even the use of a blunt pointed haemostat will so always prevent vesical injury.

If an extensive injury of the bladder occurs

# GYNECOLOGY

## UTERUS

Brady L. Gonorrhœal Endocervicitis Treated with Strong Solutions of Mercurochrome  
*Bull Johns Hopkins Hosp Balt 1925 xxvii 400*

The usual procedures employed in the treatment of gonorrhœal endocervicitis are unsatisfactory

vaginal douches were given twice a week being omitted on the days when smears were taken. The dye was applied to the entire vaginal portion and the endocervix up to the internal os. No other treatment was used.

A patient may be regarded as cured when three successive smears taken at intervals of two weeks and a smear taken at the end of a month without treatment have proved negative and the leucorrhœa has been reduced or entirely abated.

Of thirty ix patients treated in the manner described twenty five were absolutely cured four were probably cured (last smear not taken) and five with Bartholinitis or definite pelvic involvement did not respond at once. The average time required to obtain a proved cure was three and one

GOODRICH C. SCHAUFFLER M D

Gaujoux E. The Obstetrical History of a Uterus Containing Multiple Large Fibromata Which Had Been Treated with the Roentgen Rays  
(Histoire obstétricale d'un utérus avec volumineux fibromes multiples antérieurement traités par rayons X.) *Bull Soc d'obst et de gynéc de Par 1925 xiv 589*

The patient whose case is reported was a primipara

wide transverse bands which folded the abdomen over so that the umbilicus was only 10 cm from the symphysis. The surrounding skin was very vascular and pigmented.

When the patient was seen by the author she presented abdominal enlargement greater than that of pregnancy at term. On palpation three large fibroids each the size of a fist could be felt. The other findings were normal. In spite of the size of the fibroids it was not believed that they would

were no pains and only faint uterine contractions. None of the fibromata was situated in the lower segment of the uterus but the progress of the head was considerably impeded by the placenta. Operation was advised.

By the time the patient reached the hospital the hæmorrhage had ceased the cervix was widely dilated and the pains were stronger. A few hours later a living male child was extracted with the forceps.

Brooks C D. Radiotherapy in Inoperable Carcinoma of the Cervix. *Am J Roentgenol 1925 xiv 541*

Healy W P. Evaluation of the Treatment of Carcinoma of the Cervix with Radium. *Am J Roentgenol 1925 xiv 542*

series of irradiations which were given in two sittings separated by an interval of one month resulted in an X ray burn causing ulceration of the abdominal wall from the umbilicus to the symphysis. This lesion healed very slowly and its scar formed



# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

In the twenty nine cases with complications the

stability of  
Cause of  
the fetoma  
is? Rev

The authors report investigations they carried out to determine the correctness of MacQuarrie's

Group 2 51 per cent Group 3 7 per cent and Group 4 38 per cent

They then determined the blood groups of a number of pregnant women and women who had been recently delivered. In these the blood groups were as follows: Group 1 4 per cent Group 2 52 per cent Group 3 7 per cent and Group 4 38 per cent.

Averages of corresponding percentages given by various investigators for adults are: Group 1 37

with

possibility of complications if the fetal and maternal bloods become mixed. To test MacQuarrie's theory it was necessary to determine whether the fetal and maternal blood are always incompatible in cases of eclampsia, albuminuria and uteroplacental apoplexy.

In the period from 1924 to 1925 the authors studied 121

and two normal cases the blood of the fetus and the blood of the mother belonged to the same group and in twenty five belonged to different groups but were not incompatible because that of the fetus belonged to Group 4 and that of the mother to Group 1.

Therefore incompatibility was present in only thirteen (14 per cent). However the fact that the pregnancy was normal in these cases with incompatibility does not necessarily disprove MacQuarrie's theory since the fetal and maternal circulations may have remained intact.

that MacQuarrie's theory does not account for the cure of albuminuria of pregnancy by a milk diet which has no power to change the blood groups nor explain the occurrence of postpartum eclampsia.

SALVATORE DI PALMA M.D.

## LABOR AND ITS COMPLICATIONS

Irving F.C. and Goethals T.R. The Elimination of the Second Stage of Labor in Breech Presentations. *Am J Obst & Gynec* 1926 2 80

The authors report a study of the fetal mortality in primary breech presentations as shown by the records of the Boston Lying In Hospital for the ten years from 1914 to 1923 inclusive. During this period there were 235 primary breech deliveries with twenty three infantile deaths a mortality of 9.78 per cent. Ninety four of the women were primip-

cases

R. A. of 1, 2, 3

out labor

2. A policy of hands off during the first stage except when because of lack of progress after premature rupture of the membranes a Voorhes bag was inserted to aid dilatation or to stimulate uterine contractions.

3. Immediate extraction after full dilatation.

the treatment was repeated in three weeks, but in dosage of radium applied in and about the lesion in addition to the external irradiation is between 6 000 and 9 000 mc hr

Healy's statistics seem to show that a diagnosis

roentgen therapy is delayed and she is given large doses of alkalis forced fluids and foods saline

ROLAND S CROW M.D

#### MISCELLANEOUS

Sellheim H A Folding Speculum for the Safe Performance of Intra Uterine Interventions

The specula used heretofore for the exposure of

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Cathala V and Le Rasle H Incompatibility of the Fetal and Maternal Blood as a Cause of Eclampsia (L'incompatibilité sanguine fœtale est-elle la cause de l'éclampsie?) *Rev franç de gynéc et d obst* 1925 xx 577

The authors report investigations they carried out to determine the correctness of MacQuarrie's theory that the toxemias of pregnancy are due to

Group 1 51 per cent Group 3 7 per cent and Group 4 38 per cent

They then determined the blood groups of a number of pregnant women and women who had

Average of various in per cent (cent and

In the group of the infant was the same as that of the mother in 72 per cent

and maternal blood are always incompatible in cases of eclampsia albuminuria and uteroplacental apoplexy

In the period from 1924 to 1925 the authors studied 121 cases of

Group 1 Group 4 and that of the mother to

Therefore incompatibility was present in only thirteen (14 per cent) However the fact that the premenstrual

In the twenty nine cases with complications the fetal and maternal blood belonged to the same group in twenty and to different groups in nine In three of the latter however the fetal blood belonged to Group 4 and the blood of the mother to Group 1 There was incompatibility in only six (20 per cent)

As the incidence of incompatibility was 14 per

plexy In conclusion they call attention to the fact that MacQuarrie's theory does not account for the cure of albuminuria of pregnancy by a milk diet which has no power to change the blood groups nor explain the occurrence of postpartum eclampsia

SALVATORE DI PALMA M D

## LABOR AND ITS COMPLICATIONS

Irving F C and Goethals T R The Elimination of the Second Stage of Labor in Breech Presentations *Am J Obst & Gynec* 1926 x 80

The authors report a study of the fetal mortality in primary breech presentations as shown by the records of the Boston Lying In Hospital for the ten years from 1914 to 1923 inclusive During this period there were 235 primary breech deliveries with twenty three infantile deaths a mortality of 9.78 per cent Ninety four of the women were primiparæ and 141 were multiparæ Among the infants of primiparæ there were twelve deaths a mortality of 12.7 per cent while among those of multiparæ there were eleven deaths a mortality of 7.8 per cent

The twenty three deliveries with death of the infant

(the (bir (cas

Because of the high fetal mortality at the hospital during the year 1920 the authors were given the special assignment of breech deliveries for the twelve month period beginning March 1 1921 The routine procedure in such cases was as follows

- 1 Careful auscultation of the fetal heart through out labor
- 2 A policy of hands off during the first stage except when because of lack of progress after premature rupture of the membranes a Voorbrees bag was inserted to aid dilatation or to stimulate uterine contractions
- 3 Immediate extraction after full dilatation



In the cases of thirteen primiparae and twelve

prævia and certainly not in the lateral forms in which the hæmorrhage ceases after rupture of the membranes. He states that possibly it might be better to operate just after the first hæmorrhage

after birth

External version to convert a breech presentation

Pujol M. G. Two Cases of Placenta Prævia Treated by Hysterotomy (Deux observations de placenta prævia traités par l'hystérotomie) *Bull Soc d'obst et de gynec de Lo* 1925 xiv 585

The first case reported in this article was that of a 26 year old secundipara with a kyphoscoliosis and a narrow pelvic outlet. In the eighth month of pregnancy the patient had two hæmorrhages separated by an interval of two weeks. After a few

#### NEWBORN

Daiding D. L. Notes on the Etiology and Epidemiology of Impetigo Contagiosa Neonatorum *Am J Obst & Gynec* 1926 x 70

The author has found in agreement with previous investigators that the cause of impetigo con-

The variation in the virulence of the infect

bleeding

On account of the fetal and maternal mortality and the danger of infection which are associated

infants since early cases are capable of the infection before a diagnosis is made  
EDWARD L. CORLIH M.D.

## MISCELLANEOUS

Dickinson R L Sterility Fertility Studies in Animals and Their Bearing on Human Problems *Am J Obst & Gynec* 1926 x 51

Dickinson states that if judged by the cow the small size of the ovaries sometimes found in sterile women whose other genital organs are normal does not necessarily indicate defective ovulation.

With regard to the bearing of the persistent corpus luteum on amenorrhea and sterility he cites Zschokke who attributed the failure of absorption of the yellow body in cattle to the presence in the uterus of some

generally due to inflammation or infection of the seminal vesicles or of the seminiferous tubules and epididymis  
EDWARD L CORNELL M D

Neugarten L The Fate of the Children of Eclamptic Mothers (Ueber das Schicksal der Kinder eklampsischer Muetter) *Zentralbl f Gynaek* 1925 xlv 1938

days after parturition the delayed rupture is expedited manually

The suggestion is made that one child sterility

centage of pregnancies their safety and the vigor of the young The fertile period in cows is very short frequently fifteen hours or even less

the fertilizing power and concentration Whenever many abortions occurred in the animals studied the sperm was always found pathological

brought back to the hospital and reports were received that six of them had died The causes of the six deaths had no direct relationship to the maternal eclampsia but there was an indirect relationship in that five of the infants were delivered prematurely Of the twenty four infants who were re examined none had ever suffered from convulsions and all were entirely normal in their physical and mental development  
SCHLOSSMANN (G)

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Graves, R C Pyelographic Media *J Urol* 1925  
xiv 572

This article deals with opaque media and the choice of the most suitable solution for use in the urinary tract. The many colloidal silver preparations employed in the earlier years of pyelography proved unsatisfactory since in many cases renal injury was caused by silver emboli and in a few cases death resulted. It must be borne in mind that over-distention of the renal pelvis may produce a prompt invasion of the local as well as the general circulation.

Therefore since the pyelographic medium is potentially an intravenous injection the choice of the opaque solution demands extreme care.

In 1915 Burns introduced for use in pyelography a neutral solution of thorium nitrate and sodium citrate. Thorium is relatively non-toxic but expensive. In the past seven years aqueous solutions of

Frontz W A Errors of Technique and Interpretation in Ureteropyelography *J L M*  
1925 xiv 579

Lower W E and Belcher G W Urographic Studies of the Ureters *J Urol* 1925 xiv 593

Elsendrath D N and Kell I S Pyelographic Errors in the Diagnosis of Renal Neoplasms. *J Urol* 1925 xiv 615

FRONTZ states that the pyelographic medium is introduced into the pelvis and ureter most safely by the use of a graduated burette elevated not more than 3 ft above the patient. This gives a maximum pressure of 25 mm. Some urologists prefer the use of a syringe with a manometer attachment.

Of late years it has ceased to be the custom to obtain bilateral pyelo ureterograms largely because a more satisfactory examination can be made when

ing injury

levels it presents an increased development in the form of so called ring muscle. These levels correspond to the three points of narrowing of the ureter. The areas of more or less fusiform dilatation of the ureter so frequently seen are to be interpreted as a phase of the normal peristaltic wave. At a given point marked constriction may be evident. These findings frequently represent spasms of the ureter and renal pelvis. Hence a marked variation may be noted in the normal ureter and pelvis depending upon the normal points of narrowing the peristaltic wave and spasm induced by mechanical and chemical irritation of the smooth musculature of the pelvis and ureter.

Mechanical obstruction to the urinary outflow  
It is first in strong muscular contractions. If the

m t op

The presence of considerable ureteric dilatation above a point of narrowing is positive proof of obstruction and if a calculus can be eliminated the

In such cases the diagnosis must depend upon a correlation of the clinical findings and those of repeated X ray examinations. The author is firmly convinced that cases of true ureteral stricture which do not give unmistakable urographic findings are very rare.

ur  
w?  
adequate explanation of this condition has been  
offered

The diagnosis of ureteral calculus is usually easy. Extra ureteral shadows may usually be identified by

when they are the sole findings should always be rechecked since the injection of a solution against the peristalsis of the ureter and against the urinary flow does not give an absolutely accurate picture

Kinks due to nephroptosis, aberrant blood vessels, infected hydro ureters and periureteral inflammatory or malignant disease are fairly common. It is at all times just as important to determine the cause as the presence of a kink.

1

Spontaneous fistula of the ureter is rare. The authors show a pyelo ureterogram of a case of this type.

A preliminary plain X-ray film of the urinary tract should be studied stereoscopically before ureteral catheterization is done. Stereoscopic ureterograms should be made particularly in cases of calculi. A variation in the concentration of the opaque solution will often render more distinct a shadow in the preliminary stereoscopic plate which suggested a calculus. The denser the suspected shadow the weaker should be the solution.

In cases of secondary tumors of the ureters and particularly in the rare cases of primary tumors the ureterogram is often of particular value but a positive diagnosis is difficult. No doubt many hydro-nephrotic kidneys have been removed without identification of the etiological factor. The ureterogram is second in importance to the cystoscopic observation of the tumor itself. A ureterogram should be made in every case of ureteral obstruction in order that a tumor of the ureter may not be overlooked.

opaque solution is apt to occur

secondary condition. Only by this means will torsions, kinks, twists and strictures of large caliber and congenital dilatation of the ureter be found. A similar study of each ureter together with a cystogram should be made to determine a reflux up the ureter. The ureterogram may be normal when

ureteral stricture requires the passing of the obstruction by a hollow tube in order that the urinary tract proximal to the stricture may be photographed.

been found of aid in cases of this type<sup>5</sup>

A No. 5 or 6 French roentgenographic ureteral catheter is passed to the point of obstruction and an

<sup>14</sup> This has been described

A short ureter suggests a dystopic or horseshoe kidney. Malformed ureters are generally found in the investigation of cases of general abdominal pain. Slight variations are not of serious moment and

then shows the exact length of the stricture

proper and its major and minor calyces. This deformity is caused more often than is generally believed by such conditions as acute suppurative perinephritis, more chronic, fibrous perinephritis and atrophic pyelonephritis.

A distinct filling defect is very valuable evidence of an intrarenal neoplasm. A neoplasm located at the pelvic outlet and blocking it from within or compressing it from without may cause retention and

the outlet of the pelvis is obstructed

ALTON OCHSNER M.D.

nephritis (2) primary thrombosis of the renal vein

Hinman F. and Hepler A. B. Experimental

advanced fibrous changes

HARRY A. FOWLER M.D.

Nichols B. H. Kidney Stone as a Diagnostic Problem. *J Am Med Ass* 1925, lxxxv, 1871

This article is based upon a study of 164 definitely

1925, 21, 917

Partial constriction of the renal vein causes capillary stasis and an increase in the glomerular pressure. Despite the rise in the pressure in the glomerulus, the amount of urine filtered through is diminished in indirect ratio to the degree of the obstruction.

44 per cent frequency in 30 per cent nausea or vomiting in 26.8 per cent and fever in 14 per cent. Hydronephrosis was present in 25 per cent of the cases.

The majority of kidney stones are formed of uric acid. Uric acid stones are reddish brown and usually small, rather hard and faceted. When they have been present in the kidney for some time they have generally incorporated phosphate or calcium

1 Prolonged partial obstruction of the renal vein produces not only a decrease in the blood flow through the kidney and oliguria but also an increase in the intrarenal pressure and if the degree of obstruction is not too great an increase in the secretory pressure

2 When prolonged partial obstruction of the renal vein is combined with complete ureteral obstruction on the same side the usual course of development of hydronephrosis is accelerated up to the twenty first day but thereafter the rate is that ordinarily noted in the longer periods of simple hydronephrosis The venous stasis of the early periods is nullified in the later periods by the com

occurs as the result of the venous occlusion due to failure of a collateral system

4 The action of the venous collateral system is therefore compensatory and its development or non development is not an essential factor in simple hydronephrosis However its failure may be of importance in the rare instances of late secondary atrophy in simple hydronephrosis as it is the prime factor in the secondary atrophy with venous constriction

5 The initial acceleration in the rate of development of hydronephrosis that occurs with venous constriction is primarily the result of increased secretory pressure and only secondarily the result of the nutritional disturbance

HARRY A FOWLER M D

Hellsten O T A Case of Hydronephrosis in a Horseshoe Kidney Heminephrectomy *Acta chirurg Scand* 1925 lix 415

The author reports a case in which heminephrectomy was done for hydronephrosis in the left half of a horseshoe kidney in a man 18 years of age

responsible is due principally to obstruction localized at the

in abdomen

Thomas G J The Diagnosis of Renal Tuberculosis *Mnnesota Med* 1926 ix 22

This article is based upon a study of 100 cases of renal tuberculosis which were treated in the hospital of the University of Minnesota In over 95 per cent

of these cases the primary complaint was acute cystitis Tubercle bacilli were found in the bladder urine in 77 per cent and in the ureteral specimen in 93 per cent Structure of the ureter with tuberculosis of one kidney was found in 45 per cent In 41 per cent the renal tuberculosis was bilateral

The value of pyelography is stressed In 27 per cent the pyelographic examination revealed deformity and erosion of the calyces (cortical necrosis) Repeated guinea pig inoculations should also be

usual routine urological study

MAURICE MELTZER M D

Blanc H Hæmaturia in Pyelonephritis (De l'hématurie dans les pyélonéphrites) *J d urol méd et chir* 1925 xx 125

Blanc classifies cases of pyelonephritis with hæmaturia into the following four groups

1 Acute pyelonephritis with slight terminal hæmaturia

2 Acute pyelonephritis with renal hæmaturia In these cases there is generally only one hæmorrhage This is of short duration and marks the

the hæmaturia is the chief sign and is copious and persistent

Twenty two cases illustrating these four groups are reviewed

The cause of these hæmaturic forms of pyelonephritis is sometimes the colon bacillus but this organism was found alone in only four of the cases reviewed Any bacterium capable of causing pye

affected

The diagnosis of the hæmaturic forms of pyelonephritis may present some difficulty The condition must be clearly differentiated from hæmaturic nephritis In this connection the author calls attention to the fact that the term hæmaturic nephritis describes only a condition which occurs in a number of different diseases such as renal tuberculosis renal neoplasms simple congestion of the

kidney with hypertension true chronic nephritis and certain blood diseases

In hæmaturic nephritis the hæmorrhage is very irregular and often very difficult to control. The blood contains no clots. The pain is not constant and the urine except during the crises is normal in appearance. The urine may contain traces of albumin but it never contains pus or bacteria. a fact

Absence of specific lesions in non tuberculous hæmaturic pyelonephritis and by functional tests which will show defective function in tuberculosis and normal function in hæmaturic pyelonephritis. In tuberculosis the urine is generally pale while in pyelonephritis it is highly colored or of abnormal color. Animal inoculation may be done to confirm the diagnosis.

The prognosis of hæmaturic pyelonephritis is generally favorable. Operations are never necessary. In fact the introduction of a ureteral sound is an excellent method for both diagnosis and treatment as it often stops the hæmorrhage completely and a hæmorrhage that is so easily stopped at once suggests pyelonephritis. The infection of the renal pelvis should be further treated by lavage or instillations of silver nitrate. ARTHUR G. MORGAN M.D.

Carson W. J. Experimental Nephrotomies. *Surg Gynec & Obst.* 1926 xli: 53

In experiments performed by Carson on dogs the kidney was incised from pole to pole down to the

Moore and Corbett found that sutures in the kidney substances are more destructive than incision. The experiments reported in this article show that in dogs nephrotomy with interrupted Cushing sutures is a safe procedure. ALTON OCHSNER M.D.

Eisenstaedt J. S. Primary Congenital Dilatation of the Ureters. *J. Urol.* 1926 xv: 21

Primary congenital dilatation of the ureters is characterized by (1) huge gaping ureteral orifices that do not open and close (2) a wide communica-

grams showed enlargement of the bladder and complete filling of the urinary tract without elevation of the hips. The younger child died. Autopsy showed no obstructive process.

In explanation of congenital dilatation of the

mechanism or absence of the natural inhibitory influence on their growth during the fifth month. In some cases in which no cause can be found there

conditions which are possibly related to maturatory processes. BENJAMIN F. ROLLER M.D.

on the right

The case reported in this article was that of a woman 27 years old who was admitted to the hospital with

ureter

Nephrectomy confirmed the diagnosis. The right kidney had two pelvises which were joined at the level of the iliac vessels. The anterior pelvis was

small and contained three stones. Its artery also was small. The part of the kidney which corresponded to this pelvis was the median part of the anterior

bation ranges from twenty four hours to as many

(general malaise and nervous apprehension) is generally mild. The finding of gonococci within the pus cells confirms the diagnosis.

Within two weeks the entire anterior urethra becomes involved and then the posterior urethra

ureter is suggested by these findings, the injection of an opaque solution will reveal such a ureter. It may be possible to remove only the diseased portion of the kidney, leaving the normal segment. Menef, however, has reported a case in which both parts of the kidney were diseased.

AUDREY G. MORGAN, M.D.

### BLADDER URETHRA AND PENIS

Heinberg, E. A Simple Method of Fixing a Retention Catheter (Eine einfache Befestigungsart des Verweilkatheters). *Verhandl. d. deutsch. Ges. f. Urol.* 1925 p. 291.

With the aid of four illustrations the author describes a simple and permanent method of fixing a retention catheter. A strip of tape is wound closely about the catheter just above the orifice so that the loose ends are of even length. The ends are tied with

per cent of the cases there is involvement of the posterior urethra and this may go on to prostatic infection or abscess.

Relapses after apparent subsidence of the infection may occur repeatedly and are usually traceable to some indiscretion such as alcoholic or sexual

to the reactivation of dormant gonococci.

Acute non gonorrhoeal urethritis may be due to one of many causes stirring up old foci of damaged

may be fastened also about the location of the adhesive tape.

(LASS (Z))

Sinclair, D. A. Acute Urethritis in the Male. *Internat. J. Med. & Surg.* 1925 xxviii 479.

Bierhoff, F. Chronic Anterior Gonorrhoeal Urethritis. *Internat. J. Med. & Surg.* 1925 xxviii 484.

SINCLAIR divides acute urethritis etiologically into two distinct types: specific urethritis due to the diplococcus of Neisser and the non-specific type.

unclean instrumentation, trauma and injections of irritating drugs such as bichloride of mercury.



Rest in bed is ideal treatment As there is no

urine tenesmus and hematuria a mixture of codeine phosphate 0.5 gr potassium citrate 10

gr each of extract of belladonna extract of hyoscyamus and extract of opium will increase the patient's comfort Rectal irrigations of hot saline solution and hot sitz baths with rest in bed are of great value All urethral instrumentation should be

lengthened

If gonococci re appear after a time the individual foci must be destroyed through the endoscope either with the knife or by electrolysis preferably the latter under local anesthesia Re infections or glands are electrolytic

ected and  
but mental

depression

LOUIS NEWELL M.D.

# GENITAL ORGANS

injection of zinc

Rose

inserts in the

1334

tices are beneficial and are better than an ice bag Gonococcus vaccines may be tried Resumption of local treatment to the urethra or prostate should be undertaken with caution In severe cases pus may be evacuated

BIERNOFF calls attention to the fact that in spite of the best treatment gonococci will sometimes re appear after a period of apparent cure These are the cases of so-called chronic gonorrhea Before a diagnosis of chronic gonorrhea is made involve

neously the night before the operation and ampoules of fibrinogen one hour before the operation

When the bladder contains more than 200 ccm of residual urine he empties it fractionally and inserts an indwelling catheter Fluid are increased only moderately

performed under second objects local reduces

recog renal hemorrh theter

In the first stage of the operation the author explores for stones in the bladder or in diverticula and for papillomata etc. He then introduces a  $\frac{1}{2}$  in rubber drainage tube into the posterior wall of the bladder and secures it tightly by a purse-string suture. The rectus fascia is sutured with interrupted No. 3 catgut to prevent hernia. The fascia and skin are sewed around the tube loosely to insure the free drainage of serum.

In the second stage the entire surface of the

Irrigations of the bladder are begun on the second or third day after the operation. Boric acid is used alone in the morning and in the evening is supplemented by an instillation of 5 per cent argyrol. The drainage tube and bottle are irrigated with mercuric chloride solution by the nurse twice daily.

LOUIS GROSS M.D.

# MISCELLANEOUS

Leonard V. and Frobisher M. The Clinical Application of Hexylresorcinol in Urology with Observations on the Significance of Surface Tension in Urinary Antisepsis. *J. Urol.* 1926 xv 1.

The authors call attention to the fact that hypotonic solutions have a low surface tension and will therefore penetrate a membrane separating them from hypertonic solutions. The membrane of a

method of suturing. If a pack is used it is removed fractionally every three hours during a period of

the surface tension of the urine to about 50 dynes per centimeter is 0.6 gm. three times a day. When this

ninety days

J. SYDNEY RITTER M.D.

Rest in bed is ideal treatment As there is no

lengthened

1

lengthened

the individual

patient's comfort Rectal irrigations of hot saline solution and hot sitz baths with rest in bed are of great value All urethral instrumentation should be

encouragement must be given to removal of depression  
LOUIS KUNZ M.D.

### GENITAL ORGANS

h of zinc sulphate or zinc Ros Points in the

1954

be evacuated

When the bladder contains more than 200 ccm of residual urine he empties it fractionally and inserts an indwelling catheter Fluids are increased only moderately

The first stage of the operation is performed under nitrous oxide oxygen anesthesia and the second stage under pinal anesthesia Posenkranz objects to local anesthesia because the injection of the local anesthetic tears the tissues and thereby reduces their resistance to infection

The indications for a two tag operation recognized by Rosenkranz are (1) a bladder or renal calculus (2) acute vesical retention (3) stubborn cystitis (4) intolerance to the indwelling catheter and (5) a prostatic tumor of enormous size

tibia of Paget's disease is the result of rebuilding and elongation of the bone a true bowing

5 In the juvenile endosteal hyperostotic porotic

osteitis fibrosa instead of lues In the doubtful cases additional clinical methods should be employed in the diagnosis

The article is illustrated by roentgenograms and photographs of pathological specimens

JOHN W FOWERS M D

Bergmann E Osteitis Fibrosa and Its End Results (Osteitis fibrosa und ihre Ausgaenge)  
Arch f klin Chir 1915 cxxxvi 308

Bergmann reviews the pathological anatomy of osteitis fibrosa and its relationship to rachitis and osteomalacia He states that in recent times there has been a tendency to consider osteitis fibrosa neither a true tumor nor an inflammatory neoplasm but a degenerative reparative process As the result of Lubarsch's work the sarcomatous character of the brown tumors of osteitis fibrosa is denied these

authorities) pluri-glandular insufficiency of the endocrine glands (Latsch denied by Kaufmann)  
nutritional d t h n d

as stated forms of osteitis fibrosa occur chiefly in young persons whereas the generalized forms occur exclusively in adults The Paget form which is characterized by marked thickening of the cortex the marrow cavity being only just indicated

or entirely gone and by absence of bone structure and of periosteal involvement occurs most frequently in males whereas the von Recklinghausen form which is characterized by tumor like swelling of the bone with a honeycomb structure containing cysts marked thinning of the cortex parchment like crepitation and very slight involvement of the

the bone involved was the mandible but in the other cases it was a long bone Almost without

done was there any recurrence or extension of the process In the cases not operated upon the condition was only arrested at best there were no cures

JASTRAM (Z)

Meyerding H W Bone Tumors Minnesota Med 1925 viii 618

Although most bone tumors are correctly diag

tumors

The author designates exostoses chondroma osteitis fibrosa cystica and giant cell tumor as benign tumors and sarcoma endothelioma and multiple myelomata as malignant tumors

Exostosis arises from a wide or pedunculated base as the result of trauma or inflammation near the ends of the long bones and occurs in youth Unless function is disturbed operation may be deferred

growth of the tumors is slow

Osteitis fibrosa cystica usually occurs in youth The cysts grow slowly and cause enlargement and softening of bone in the femur humerus tibia and

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Wereschinski A The Fate of Bone Transplants  
(Beiträge zur Frage über das Schicksal der Knochen  
transplantate) Arch f Klin Chir 1925 cxxxvi 545

Various experiments on rabbits have demon-  
strated that the periosteum is an especially impor-

tion and that the groups of lymph nodes, which  
the particles were found are the original lymph  
nodes of the long bones of the lower and upper  
extremities respectively

before was found to be a permanent anatomical  
structure in the femur of the dog. It pierces the bone  
obliquely appearing on the surface on the anterior

negative

In the soft tissues the new formation of bone is  
slight and is exceeded by the resorption processes.  
In the marrow cavity a transplant may heal in  
become replaced by newly formed bone and give  
a satisfactory functional result but ultimately it  
disappears for the re formation of the lumen of the

tours of the host bone

VALENTIN (2)

Kol

Fibrosis and the Hyper

690

Kolodny reports experiments on dogs in which the

examined

Carbon and carbon particles were grossly recog-  
nized in certain groups of lymph nodes as early as  
from twelve to fourteen days after the operation.  
They were found microscopically after from five to  
seven days. From these results Kolodny concludes  
that the bone marrow has a definite lymph circula-

inserted broadly into the periosteum. In the author's cases it occurred in the thigh in five, in the upper arm muscles in eight, and in a laparotomy scar in one.

Seven of the author's seventeen patients were under 25 years of age.

The treatment the author believes should be conservative unless the mass interferes with function. In the early stage trauma must be reduced to the minimum and the part placed at rest. When the mass becomes stationary or begins to decrease vigorous physiotherapeutic measures may be employed. When necessary a simple excision of the mass may be done.

acute. Frequently there is a circumscribed focus, a so-called bone abscess. As a rule such foci are situated in the metaphysis but occasionally are found in the epiphysis in the region of a joint.

As the foci frequently remain latent for a long

in pure culture from bone abscesses after as long as thirty years. Typhoid bacilli have also been found occasionally in such abscesses. The author reports

during injuries portions of the periosteum are forced into the muscle substance and there begin to form bone. However, most investigations seem to indicate that bone formation occurs only when both periosteum and bone are detached. Therefore the periosteal theory in its present form is not sufficient to explain the development of parosteal bone after a single injury.

cogs transplanting free and pedunculated periosteal grafts between crushed muscles with and without the administration of calcium salts (by mouth

either theory. They seemed to suggest that none of the factors assumed to play a rôle in the formation of parosteal bone—hematoma, synovia, calcium salts, and nerve disturbances in the presence of

in the same person the assumption of a special tendency congenital or acquired toward the development of a metaplasia and excessive callus formation is unavoidable.

ROBERT C. LONGERAN, M.D.

Oehlecker, F. The Chronic Form of Osteomyelitis Especially of the Spine (Ueber die chronischen Form der Osteomyelitis insbesondere der Wirbelsäule). *Beitr. z. klin. Chir.* 1922, CXXXV, 5.

Unless the blood is examined in cases of acute osteomyelitis the condition may be confused with typhoid meningitis and other infections. On the other hand there are doubtless numerous chronic cases in which the condition persists for decades. The beginning of the condition is occasionally sub

secure. The differentiation of these forms is rendered difficult especially by poorly taken histories. More over it is often difficult to decide which is the pri

the staphylococcus aureus. It is very probable that staphylococci often enter the circulation but they are usually destroyed by the bactericidal power of the blood. A bone abscess results only when staphylococci enter the circulation in large numbers from a furuncle or some other primary inflammatory focus.

The author reviews sixteen cases of chronic oste

small diaphyseal abscesses. In one case a latent osteomyelitis led to spontaneous fracture. In another chronic osteomyelitis of the lower jaw was the cause of locking of the jaws of three years duration.

O. L. LONGERAN

chiefly the arches, spines, and transverse processes. In involvement of the thoracic vertebrae paravertebral abscesses may break into the pleural space.

The total mortality of osteomyelitis of the vertebrae is 40 per cent. It rises higher than 60 per cent when the spinal cord and its meninges are involved. Epidural abscesses are not rare. The diagnosis of

deformans or tuberculosis

5 Myositis ossificans neurotica The ossification

In cases of osteogenic sarcoma amputation may remove the local condition but metastasis must be prevented if a cure is to be expected. The most

bone marrow. They are more common in males than in females and occur between the ages of 40 and 60 years. Roentgenograms may show one or more rarefied circular or ovoid osteoclastic areas in the soft bone. Later the periosteal structures are affected. Albuminuria may be suggestive of the condition. Remission of symptoms may occur. The prognosis is poor, the patient surviving only for a period ranging from a few months to five years.

**Graca A. Myositis Ossificans Circumscripta**  
*Ann Surg* 1923 LXXXII 883

Graca reports seventeen cases of myositis ossificans circumscripta and divides the condition into the following types

(c) The development of bone along the track of per

belongs the following steady irritation in horseback riding and the soldier's bone at the shoulder due to rubbing by the rifle etc. (b) Bone formation occurring as the result of overstraining of a group of muscles. (c) Spontaneous myositis circumscripta. This is very rare.

3 Myositis ossificans of infectious origin. This may occur after abscess formation

may cease or remain unchanged. In the X-ray picture the shadow is then more homogeneous intense sharply limited and at times smaller than before.

With regard to the pathology the author states that the parosteal bone may be different in form and size. At times irregular masses have been found occupying a part or even a whole muscle and surrounded by a strong connective tissue capsule.

found

The differential diagnosis between myositis ossificans and sarcoma is at times difficult. Steady

of sarcoma. In sarcoma also the X-ray shows early medullary changes and destruction of the cortex and the bony mass trabeculae run obliquely or transversely to the shaft and are connected with it.

adjacent nerve

Some regions appear disposed to the development of parosteal bone especially those in which the skeletal bone is covered with a thick layer of muscle

Dudley H S Sarcoma of the Tibia and Fibula  
Ann Surg 1923 lxxx: 980  
Dudley presented before the New York Surgical

therefore consisted in extensive curettage followed

the posterior border of the swelling was  
in contact with the external malleolus The skin

with mixed toxins was tried after thorough cu

the bone cavities were curetted and treated with  
pure carbolic acid and alcohol and the wound was  
closed A culture was sterile Primary union

resort was had to one massive dose of radium and  
the continuous use of mixed toxins The patient is  
well at the present time and has complete function  
The diagnosis made by Ewing and Bloodgood was  
spindle cell and giant cell sarcoma of the benign

bones

ROBERT C LONGROAN M D

# SURGERY OF THE BONES, JOINTS MUSCLES TENDONS ETC

patient chose to have such an operation however  
and it was done through the middle third of the  
lower leg

The unusual features of the case were the patient's  
age the location of the sarcoma and the apparent  
simultaneous involvement of the two bones

On the basis of the results obtained in several  
cases in which he had recommended amputation but

Sever J W Obstetrical Paralysis 1 100 Cases  
J Am M Ass 1925 lxxxv 1862  
Boorstein S W Birth Injuries Requiring Ortho-  
pedic Treatments J Am M Ass 1925 lxxxv  
1866

SEVER'S article is based upon 1 100 cases of  
obstetrical paralysis the largest series of such cases  
ever recorded The right arm was affected in 670  
and the left arm in 430 Both arms were involved

October 1914 for a swelling of the femur of from four  
to five months duration The lower end of the

the presentation in the  
other cases is not known Most of the mothers were  
primiparae



these cultures great care must be taken to prevent contamination with staphylococci. Roentgen examinations come under consideration practically

greater

In judging the position of the head of the femur after reduction in congenital dislocation of the hip the old view that the  $\lambda$  furrow should divide the head into two parts cannot be accepted. In the majority of cases the bulk of the femoral head is below this line.

**Bérard and Moudon** Resection of the Knee Performed by Ollier in 1887 (*Réssection du genou opérée par Ollier en 1887*) *Lyon chir* 1935 221 563

entirely normal

culosis

The diagnosis must be confirmed by every possible bacteriological and microscopic examination and

and serious bone and synovial lesions. In the operation most of the patients have found it unnecessary to see a physician again and now show no signs of tuberculosis in any part of the body. All are able to walk.

**Harrenstein R J** Roentgen Orientation with Regard to the Hip of the Child (Beitrag zur roentgenologischen Orientierung bezueglich des Huftgelenkes beim Kinde) *Acta rad* 1925 17 357

Harrenstein reports a roentgenological investigation of the hip joint in the pelvis

acquired

In all of these cases the knee is flexed about 120 degrees and in some cases there is a certain degree of genu varum. The movement of the hip is normal.

Roentgenograms of the knee show a shaft of bone passing from the femur to the tibia. In the profile view a certain gliding of the bones on each other can be seen. The femur is generally in front. Roentgenograms of the pelvis show enlargement and deformity of the acetabulum on the side operated upon and a certain settling of the ilium. In several cases there are enormous varices on the side of the resection.

AUDREY G. MORGAN M.D.

$\lambda$  furrow

TH J L — 9

that point. The upper end of the femur was placed

by a hole in the bone when this was removed at the end of twelve weeks active and passive

will prove of value in clinical cases of rupture of the crucial ligaments

A U shaped incision extending from above the femoral condyles to below the tibial tubercle was made through the skin and fascia and the flap reflected upward. The tendons of the semitendinosus and gracilis were dissected free and divided close to their insertions. The medial condyle the medial tuberosity of the tibia and a corresponding point on the outside of the tibia were cleared of soft tissues

Free exposure of the joint was then made through a U shaped incision and the patellar tendon was thrown up with the osteoplastic flap. Cutting of the lateral ligaments was avoided. With a drill from  $\frac{1}{4}$  to  $\frac{3}{8}$  in in diameter canals were made in the tibia from the lateral points prepared upward

RUDOLPH S REICH M D

Edwards A H. The Operative Repair of the Cruciate Ligaments in Severe Trauma of the Knee. *Brit J Surg* 1926 xiii 432

Edwards has performed the operation described in this article only on the cadaver but believes it

The tendons of the gracilis and semitendinosus were drawn through the canal brought out in the intercondylar space in the joint and twisted the semitendinosus being drawn through the lateral tuberosity of the tibia and the gracilis through the

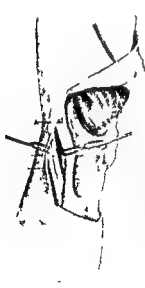


Fig 1

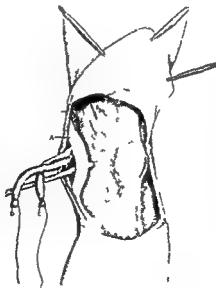


Fig 2



Fig 3

Fig 1 Drawing showing the skin and subcutaneous tissues reflected to expose tendons. A the sartorius B the vastus internus C the gracilis and D the semitendinosus

Fig 2 Showing tendons divided. A sartorius B vastus internus C gracilis D semitendinosus

Fig 3 Exposure of knee joint by raising patellar tendon with an osteoplastic flap. C gracilis D semitendinosus

in the mild cases to complete tearing of the nerve fibers in severe cases. Definite lesions were always found in the cases which were operated upon. In the late cases the roentgen ray showed the humeral head to be smaller and the glenoid to be shallower than normal.

Splints were seldom used because they caused swelling of the hand and seemed to prolong the convalescence. Operations to relieve muscle contractures were done freely but not before the fourth year of age. Operation on the plexus was done in certain cases chiefly those of the upper arm type. In

by means of the Thomas splint. Separation of the upper humeral epiphysis requires an abduction splint. For fractures of the clavicle all that is necessary is a flannel figure of eight bandage.

Torticollis is thought by some to be due to birth injury. Early cases can be corrected by means of a felt collar and massage.

In the discussion of these papers RECHTMAN mentioned congenital fracture of the tibia due to cyst and stressed the traumatic element in torticollis. FITZ SIMMONS said that in his opinion the majority of cases of torticollis are not due to birth injury. BAUMANN called attention to the fact that hematoma of the sternocleidomastoid is common but is not followed by torticollis.

WILLIAM A. CLARK, M.D.

Rechtman A. M. The Reconstruction Operation on the Hip. *Arch Surg* 1925 xi 842

exposing the joint capsule at the bottom of the wound. The subscapularis tendon is cut on a director with avoidance of the capsule. As a rule abduc-

level on the shaft

This operation is advised whenever stabilization of the hip is necessary as in old non union of frac-

brachial paralysis fractures and torticollis due to birth trauma.

The early symptoms of intracranial injury are restlessness, poor nursing, squinting, nystagmus.

Sneed W. I. and Patterson R. H. Report of Two Hip Operations. *South M J* 1925 xviii 805

Brachial nerve injuries once regarded as hope-

can usually be expected in six or seven months. If there is no improvement in four months operation should be done. The whole arm type of paralysis has a less favorable prognosis but is not such a hopeless condition as some textbooks picture it.

Fractures occurring at delivery should be fixed immediately. The bones most commonly fractured are the femur and humerus. These are best treated

begun after six weeks

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The second case was that of a man 28 years old who had tuberculosis of the right hip with suppuration when he was 4 years old. There was complete destruction of the head and neck with upward dis-

will prove of value in clinical cases of rupture of the crucial ligaments.

A U shaped incision extending from above the femoral condyles to below the tibial tubercle was made through the skin and fascia and the flap reflected upward. The tendons of the semitendi-

per rim of the acetabulum and a new acetabulum was reamed out from the thickened part of the ilium at

at the end of twelve weeks active and passive

RUDOLPH S REICH M D

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Edwards has performed the operation described in this article only on the cadaver but believes it

tissues

Free exposure of the joint was then made through a U shaped incision and the patellar tendon was thrown up with the osteoplastic flap. Cutting of the lateral ligaments was avoided. With a drill from  $\frac{1}{4}$  to  $\frac{3}{8}$  in in diameter canals were made in the tibia from the lateral points prepared upward diagonally to a common opening at the tibial spines. The medial condyle was similarly canalized from the cleared point above the adductor tubercle to the intercondylar space in the joint.

The tendons of the gracilis and semitendinosus were drawn through the canal brought out in the intercondylar space in the joint and twisted the semitendinosus being drawn through the lateral tuberosity of the tibia and the gracilis through the other artificial canal. Next with the knee extended these tendons were drawn tight and fixed to the deep fascia of their respective areas. The osteoplastic flap was then nailed down in place the joint cap

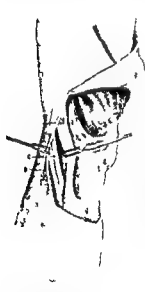


Fig 1

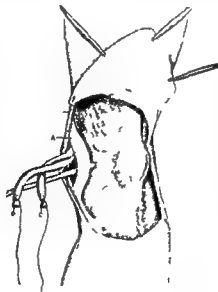


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Fig 3 Exposure of knee joint by raising patellar tendon with an osteoplastic flap. C gracilis D semitendinosus



Fig 4

Fig 4. Showing the holes drilled in the bones through which the tendons are passed C gracilis D semitendinosus



Fig 5

Fig 5. The twisted tendons are drawn through the



Fig 6

canal in the femur C the gracilis D the semitendinosus

Fig 6. Showing the semitendinosus (D) being drawn through the lateral tuberosity of the tibia. The gracilis (C) is already in position



Fig 7. Showing the osteoplastic flap replaced and fixed and the tendons sutured

Dupuy de Frenelle. Reconstruction of the Ligaments of the Knee. End Result (Reflexion des ligaments articulaires de l'articulation du genou resultat eloigné) *Paris chir* 1925 XVII 241

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sternor to form a permanent bone process limiting plantar flexion by impingement on the posterior surface of the tibia

ternal of ten femur inci by the

above and the external plateau of the tibia below and encircle the corresponding femoral condyle on each side

along the anterior border of the fascia lata and on the inner side a little in front of the internal lateral ligament

On the anterior edge of the fascia lata a strip 3 cm wide by 10 cm long is cut with care to preserve

in the knee in extension the strip of fascia lata is drawn tense by the surgeon's assistant and is

## FRACTURES AND DISLOCATIONS

Gen B and Bone

The procedure described in this article was originated by DePage during the war. DePage used it in cases of open fractures in which apposition could not be obtained by other means.

urged to walk

KELLOGG SPEED M D

Campbell W C End Results of Operation for the Correction of Drop Foot *J Am M Ass* 1925 LXXIV 1927

Drop-foot inability to dorsiflex the foot is due to loss of power in the anterior muscle group of the leg. It may be simple or associated with varus valgus or flail foot. The etiological factors are destructive changes in the muscles and tendons, toxic neuritis such as occurs in lead poisoning, trauma to the external popliteal nerve, spastic paralysis.

In fractures with a deviation of the fragments which gravely compromises the function of the limb and cannot be corrected by external means two alternative methods are available.

III or for rec represented by the use of Malgaigne's hooks in fracture of the patella.

pension traction or Carrel-Dakin treatment can be

The point of exit of the wire depends upon the type of the displacement. As a rule it is opposite the angle of the deviation. When the wire comes out on the anterior surface of the limb the situation is ideal as the bone or limb can be swung as in a hammock. All important vessels, tendons and nerves must be guarded against pressure or cutting by the wire. When the involved bone is small and the two leads of wire running from it occupy too much space the wires may be twisted together at the bone surface and brought out as one wire.

The wire leads may be attached to a hollow

upon the time required for the union of the bones. The solidity of the callus may be determined by observing the fracture through the fluoroscope when the tension on the wire is loosened. One lead of the wire is cut and the wire is pulled out by the other end.

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD TRANSFUSION

Pohl E A C A - - - - -

ogy 19 6 vi 55

Pohl has previously shown that the velocity of the sedimentation of the red blood corpuscles is a definite indication of the changes of the colloidal composition of the blood and that exposure to the X ray produces certain changes in the suspension stability of the blood which are manifested by a marked variation in the sedimentation test

After further experiments he concludes that irradiation of human blood in capillaries with unfiltered roentgen rays influences its suspension stability For definite retardation of the sedimentation velocity a certain minimal dose is required The sedimentation test is a reversible reaction and

JOHN W NUZZUM M D

Gordon Watson Sir C Venesection and Blood Transfusion in Carbon Monoxide Poisoning  
*Brit M J* 1925 ii 1049

Th the - -

present in any instance MERLE R HOON M D

## LYMPH VESSELS AND GLANDS

Quick D and Cutler M The Radiation Reaction of Metastatic Squamous Cell Carcinoma in Cervical Lymph Nodes *Am J Roentgenol* 1925 xvi 529

The authors t d d f - - -

The presence of infection stimulates tumor growth and decreases radiosusceptibility

In the adult type of cancer small doses exert only slight effects while intense irradiation with repeated high voltage roentgen rays and radium may cause marked destruction demonstrated by thickening of the gland capsule and central anæmic necrosis proportionate to the intensity of the irradiation

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most effective The action of the former is greatest upon the cell while that of the latter is exerted chiefly on the connective tissue

J C CARVER M D

Braithwaite L R Tuberculosis of Glands in the Ileocaecal Angle A Cause of Pain in the Right Iliac Fossa *Brit J Surg* 1926 viii 439

Of e - -

common in children and the chronic in adults In children the acute condition occurs between the

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the temperature to between 100 and 103 degrees F Respirations are increased in number and more



shallow. Operation should be undertaken for acute appendicitis with the reservation that the condition may be acute adenitis. Sometimes both conditions may be found.

The subacute type of tuberculosis of the mesenteric glands usually occurs in children between 6 and 10 years of age. Its symptoms are similar to those of the acute type but less severe.

Between the ages of 10 and 15 years the disease is less common.

The chronic form of the condition occurs usually between the ages of 15 and 45 years. It is characterized by a chronic aching pain in the right iliac fossa and may usually be diagnosed by X-ray examination.

The macroscopic pathological changes are of five varieties: infection, spotted caseation, spotted calcification, massive caseation, and massive calcification.

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Lahey F H Rope Grafts Boston M & S J 1926  
CXIV 1

To form a rope or tube graft a strip of skin is outlined by parallel incisions and elevated from its bed so that it forms a flat strip or ribbon attached only at its upper and lower ends. Its two cut edges are then brought together and sutured with the raw side inward to form a tube except for a short distance at the bottom and top where tubing would cause constriction and interfere with the blood supply of the graft.

The two cut edges of the bed from which the graft

then placed over the wound beneath the tube to

To test the vascularity of the graft before transferring it a ligature is tied around the end to be

end when it is desired to cut the transplanted graft away from the pedicle.

When the tube is to be sutured back in its bed after it is cut away from the transplanted flap it is

may then be transferred to any point desired. A good blood supply is obtained through the long tubed pedicle.

When the transferred end of the tube has united well with the area into which it has been grafted (after from ten to fourteen days) the tube is cut away at the point where a sufficient amount of skin has been transferred and the remaining tubed pedicle is split, re-opened and sutured back into its bed or cut off at its base and sacrificed.

If it is impossible to obtain the amount of skin desired by transferring one end of the tube to the point into which the graft is to be inserted, one end may be transferred and inserted half the distance to the point desired and at the end of two weeks the base of the pedicle may be severed and transferred to the desired point, the original point of transfer

into a ribbon. The edges of the wound in which it is to be sutured are also sharply undercut to permit

late -- A The eff --

923

come by cutting away a greater amount of the sub

Paterno performed a series of experiments on rabbits and guinea pigs placing autoplasic grafts in the ear of the former and in the backs of the latter.

Flaps which were not rotated at all took completely in every instance and at the end of six months were still of the same size and retained all of their

original characteristics The circulation was re-established in two days

Flaps which were rotated 180 degrees took completely and perfectly in 80 per cent of the cases and partially in 20 per cent Re establishment of the circulation was delayed until the fourth day and at first was imperfect These flaps also were of their

degrees for three hours After sterility has been  
centimeter

characteristics after six months

AUDREY G MORGAN M D

Davis J S and Trout H F The Production of Epithelial Lined Tubes and Sacs An Experimental Study *J Am M Ass* 1926 LXXXI 339

In experiments on dogs the authors found that by burying whole thickness skin grafts under

When the author first used vaccine treatment the dose was increased from one two thousandths to

diameter since after forty days the pressure of the secreted cyst fluid inhibited further extension Shrinkage was comparatively slight

The authors believe that the problem of the formation of epithelium lined tubes and permanent cavities may be solved in this manner

WILLIAM L SHACKLETON M D

# ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Breitkopf E Experiences with Autogenous Vaccine in Surgery (Erfahrungen mit der Autovaccinotherapie in der Chirurgie) *Beitr M n Ch r* 1923 LXXXIV 145

On the basis of his experience with autogenous

guarding against anaphylaxis by making intracutaneous tests

Wheals are made in the skin with 1/10 c cm. of

rapidly

non bacillus

1 c cm. of physiological sodium chloride solution in the ratio in which the bacteria were found in the

reported

Duo

The author's experience in 330 cases of acute bacterial infections treated with perchloride of mercury

The nervous system of the child is much less stable than that of the adult and therefore very readily injured by unpleasant experiences. Fright and

of a 1:150 solution. If necessary this may be repeated after from twelve to twenty four hours. The maximum amount is four doses in three days. If the condition does not respond within three days it is useless to continue the treatment. Mercuriochrome 220 has been found less toxic than perchloride of mercury and may be given daily over a longer period of time. WILLIAM E. SHACKLETON M.D.

At the Hospital for Sick Children in London

#### ANÆSTHESIA

Sington H Birt J Higgins T T Pitts A T  
and Others. *Anæsthetics in Children*. *Proc Roy Soc Med Lond* 1926 xix Sect Anæst 1. ever.

In a general discussion of anæsthetics for children the following points were brought out

# PHYSICO-CHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Hunt F L Barium Sulphate as a Protective Material Against Roentgen Radiation *Am J Roentgenol* 1925 xiv 524

Barium sulphate combined with some binding

tion in every respect except that it is effected more rapidly

Sterilization may be accomplished with roentgen rays when the question of preserving internal secretions

irregular shape

In the authors studies layers of this material

increasing leucopenia and later by a more or less complete return to the normal level The roentgen

current through the tube varied from 4 ma at 200 kv to 35 ma at 50 kv and the exposures were from one to thirty minutes The lead equivalent of the various thicknesses of the plaster was determined with a polarization photometer

The experiment showed that because of the radio transparency of the cement the plaster does not

than 70 mm (2 3/4 in thick) when x-ray equipment is used

These values represent the minimum When practicable thicker layers should be employed

CHARLES H. HEACOCK M D

Desjardins A U The Therapeutic Value of the Roentgen Rays *Minnesota Med* 1920 ix 82

The effect of the roentgen rays on the different tissues of the body varies within fairly wide limits

actinomycosis and blastomycosis Lesions of the deep vis

In the treatment of benign and malignant neoplasms it is generally true that the more nearly

sensitive and the osteosarcoma the most resistant but that the highly cellular sarcoma is more active and metastasizes earlier than the less cellular sarcoma

the roentgen rays is due partly to the influence of the

situated in the lymph nodes entirely beneath the skin somewhat harder rays are used in order to increase the proportion that will pass through the skin unabsorbed to reach the diseased structures. In such cases a higher peak voltage is used than when skin diseases are treated. If the neoplasm is deep within the trunk or highly malignant the hardest roentgen rays available are utilized namely those produced at high voltage and with the use of a thick filter.

cinoma is much less sensitive than lymphosarcoma or testicular tumors. The most sensitive variety of carcinoma is carcinoma of the thyroid gland. Carcinoma of the cervix is best treated by applying radium locally and introducing it into the cervix and irradiating with the roentgen rays from the outside. In cases of malignant disease of the breast it is logical to give roentgen ray treatment before and

Finally it is pointed out that the ability to employ the roentgen rays effectively requires as much special knowledge as any other special branch of medicine.

# MISCELLANEOUS

## CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Broders A C The Grading of Carcinoma *Missouri Med* 1925 vol 26

The physician and layman not only want to know the type of carcinoma they are dealing with but

percent

Up to November 1924 complete data were

99.20 per cent of those of Grade 1 62.15 per cent of those of Grade 2 24.82 per cent of those of Grade 3 and 10.09 per cent of those of Grade 4

## GENERAL BACTERIAL MYCOTIC, AND PARASITIC INFECTIONS

epithelioma

Rhodes G B Cod Liver Oil Treated with Mergonium Hydroxide in the Treatment of Surgical Tuberculosis *J Lab & Clin Med* 1915 21 227

The excision of tuberculous abscesses is not

explaining its therapeutic value The rays are probably not of one type but made up of rays of various wave lengths Ultraviolet rays will not penetrate glass or fusible quartz When cod liver oil is placed in an ionizing chamber it shows a definite though slight ionizing power When it is enclosed in a sealed flask of fusible quartz no ionization is obtained Its ionizing power is not increased by exposure of the oil to a mercury quartz lamp

plasms on the basis of cell differentiation and during the following four years 2,000 epitheliomata were

The injection of the alkalized oil into normal

Jadassohn W and Streif G The Treatment of Tetanus with Glucose (Versuch einer Tetanusbehandlung mit Traubenzucker) *Klin Wchschr* 1925 II 1498

A favorable effect which was noted in two cases of tetanus following the intravenous injection of

practical surgeon must recognize unerringly the pathological changes that are revealed after the incision is made. Even without great dexterity or a record of a large number of operations these qualifications and a working knowledge of anatomy will make a good surgeon. To some surgeons the technical side and to the others the scientific or philosophical side makes the stronger appeal.

In the training of surgeons more stress should be placed upon the importance of a broad general

They found that in rabbits with tetanus as in cases of insulin spasm and other spasmodic conditions the glycogen content of the central nervous system is decreased by more than half. The glycogen content of the brain and the general course of the condition were not influenced by intravenous

(other dosage intralumbar injections etc.)

VON HOFFMAN (Z)

# HOSPITALS MEDICAL EDUCATION AND HISTORY

Graham E A What is Surgery? *Soull M J* 1925 XLIII 864

The surgeon of today must be well versed in

effect upon himself

The young surgeon should participate in operations to learn not only technique but also pathology in the living body. It is important for him both to

unwise operating too many operations and commercialism with fee splitting. The true standard of

only an able clinician but also an inspiring leader. One of the chief aims in the training of surgeons is the development for tomorrow of surgeons who will be better than those of today.

Adequately equipped laboratories for experimental work on animals and in chemistry bacteriology and

as a slow and too surgery a philosoph inspiration

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LEA C. DICKERSON M.D.



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## MISCELLANEOUS

## Clinical Entities—General Physiological Conditions

Parafinoma D W MONTGOMERY and G D CULVER *J Am M Ass* 1926 lxxvi 92

Dermatolysis a review with the report of a case H GOODMAN and E F TRAUB *Surg Gynec & Obst* 1926 xli 88

Th

Minnesota [406]

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Centralbl

INDREDE

1926 iii 1

A survey of the incidence of echinococcus granulosus (Batsch) or hydatid disease in New South Wales. I C ROSS Med J Australia 1926 i 96

### Ductless Glands

Progress in endocrinology J H HUTTON Can Med 1926 xxiii 39

Some general features of endocrine influence on metabolism W B CARNOY Am J M Sc 1926 clxxi 1

de Par 1925 xli 1394

Granuloma inguinale J F SCOTT Northwest Med 1926 xxv 40

### General Bacterial Mycotic and Parasitic Infections

### Surgical Pathology and Diagnosis

Pitfalls in surgical diagnosis Sir H F WATERS Can Practitioner 1926 cxvi 4

Surgical and medical significance of artificially produced

### Hospitals Medical Education and History

What is surgery? E A GRAHAM South M J 1926 1403

J de med et medecine 1925 6 1001

# International Abstract of Surgery

*Supplementary to*  
**Surgery, Gynecology and Obstetrics**

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## CONTENTS

I	Index of Abstracts of Current Literature	iii
II.	Authors	ix
III.	Editor's Comment	x
IV	Abstracts of Current Literature	431 501
V	Bibliography of Current Literature	502 521
VI	Volume Index	i xxvi

---

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## ABSTRACTS OF CURRENT LITERATURE

## Pharynx

THESE ARE THE BEST - THE BEST

- 437

## Neck

- | H | C | S | Age | E | P |
|---|---|---|-----|---|---|
|---|---|---|-----|---|---|

## 437

- 1

## 435

- 430

## 438

- 438

- 435

## 439

- 1

- STERTEN DEW Combined Secondary Thyroides 439

## tomy and Thymectomy for Intractable Exoph

- thalamic Gaster 439

## Peripheral Nerves

PLATE H The Pathogenesis and Treatment of 1. Traumatic Neuritis of the Ulnar Nerve in the	413	452
	414	453
	415	454

## SURGERY OF THE CHEST

### Chest Wall and Breast

Chest Wall and Breast	Cases	453
BASTARD W. A. The Case Against Indiscriminate	Surgery for Peptic Ulcer	454
DE TAKATIS G. The Surgery of Gastric and Duodenal		454
Situation and Cause		455

### Trachea, Lungs and Pleura

HOLMES, E. The Etiology of Postoperative Pulmonary Abscess 459

## Heart and Pericardium

TRACER V J The Heart in Hyperthyroidism	438				
CUTLER E C The Surgical Aspect of Mitral Stenosis	447				
WAGNER G A Deaths Due to Heart Failure in Pregnancy and Labor	469				

### Ceonhagus and Medigestion

JACKSON C	Why Does Not the Thoracic Surgeon Cure Cancer of the Esophagus?	447	and Seminal Act with the	449
FISCHER H	Esophageal Implantation into the Stomach After Intrathoracic Resection of the	447	STOLPER L	Appendicitis and Pregnancy 448
		447		Liver Gall Bladder Pancreas and Spleen
		448	POTTER J C and MARY F C	Pressure Changes in the Biliary Tract 49
MOSHER H J	MCMILLAN A O and STOLLEY F L	448		
	A Clinical and Pre Operative Study of the Thymus in Children of the Tonsil and Adenoid Age	448		

### Miscellaneous

YATES J L. The Significance of the Vital Capacity in Intrathoracic Therapy	449	451
--	-----	-----

## SURGERY OF THE ABDOMEN

## Abdominal Wall and Peritoneum

POLLOSOV E and CONTI H Chron Abdominal Torsion of the Great Omentum.	450	Uterus R. G. and G. M. Study of Radiation
---	-----	--

### Gastro-Intestinal Tract

450	the Ovaries	453	the Uterus
450	Miller C J Conservation of the Uterus in the Surgery of Fibroids	453	the Presence of
450	SCHROEDER R Ovarian Changes in the Presence of Hydatid Mole	453	
451	Adnexal and Peri Uterine Conditions		
451	FORGUS and CROSSLAND Broad Ligament Inclusions	454	

## GYNECOLOGY

### Utensils

FORD F. A. A Comparative Study of Radiation  
and Surgical Treatment for Fibromyosarcoma of  
the Uterus 463

MILLER C. J. Conservation of the Uterus in the  
Surgery of Fibroids 463

SCHROEDER R. Ovarian Changes in the Presence of  
Hydatid Mole 463

### Adnexal and Peri Uterine Conditions

Forty and Cross: Broad Ligament Incl. ions. 4/4

## OBSTETRICS

475

## Pregnancy and Its Complications

475

- 467 PECK C H The Treatment of Obstructions of the Upper Ureter and Early Hydronephrosis 475  
476

## 467 Bladder Urethra and Penis

- 467 POTTER J C The Effect of Section of Both Sacral Nerves on Intravesical Pressure An Experimental Study 476  
468

- MOORHEAD S W Urethral Catheterization Its Pitfalls and Their Avoidance 476

- 468 HEDDY G P B Some Considerations of the Operation of Internal Urethrotomy and the End Results Thereof 476

- 468 YOUNG H H and SHAW E C Urethral Diverticula 477

## Genital Organs

- 469 WALTHER H W E Prostatitis Its Role in Focal Infection 477

- 469 BUMPLS H C The Preparation of Patients for Prostatectomy 477

## Butler P F Pyelitis in Pregnancy

## Labor and Its Complications

## WILLIAMS J M G

- 470 479

- 470 479

## Postpartum Hemorrhage

## 470 Miscellaneous

## Miscellaneous

## KNEBEL R. The Results of Systematic Serological Tests for Syphilis Made on the Retroplacental Blood

- GOLDSTEIN A E and CARSON W J A Study of the Urinary Tract in Autopsy Specimens Correlation of Anatomy Pathology and Roentgenology 480

471

## GENITO URINARY SURGERY

## Adrenal Kidney and Ureter

## THORNTON J O I

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS

## Conditions of the Bones Joints Muscles Tendons Etc

- 437 RONDE M C Does Bone Form from Osteoblasts or from a Metaplasia of the Surrounding Connective Tissue? 481  
469  
472

- 472 481

- 472 482

- 472 482

- 472 482

- 472 RYERSON E W Certain Diseases and Injuries of the Spine in Adults 483

- 473 483

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

- 473 484

	487	Anesthesia	
	487		441
	487	ALLARD, H. W. The Absorption, Distribution and Elimination of Anesthetics	495
	488	ANDREWS, L. A. The Effect of Local Anesthetics on the Blood Pressure at Operation	492
Fractures and Dislocations			
HENDERSON M. S. Ununited Fractures	488		
BAGLEY C. H. Fracture of Both Bones of the Forearm—A Study of 500 Cases	489		
JACHIA A. Case of Bilateral Pathological Central Luxation of the Femur	489		
	489	PHYSICO-CHEMICAL METHODS IN SURGERY	
		Röntgenology	
Orthopedics in General			451
BURSTON W. R. and ELUSTICE R. C. Discussion on Manipulative Treatment	490		457
			459
SURGERY OF BLOOD AND LYMPH SYSTEMS			
Blood Vessels			453
	491	NICHOLS B. H. Pathological Conditions of the	453
	491		457
			457
Blood, Transfusion			459
		Rawson	
	463		451
	491		459
	492		453
	496		
Lymph Vessels and Glands		Miscellaneous	
ROLLESTON Sir H. Lymphadenoma (Hodgkin's Lymphogranuloma)	492	MILLER Sir W. Radiodermatitis in the Treatment of Inoperable Malignant Disease of the Upper Air and Food Passages	41
SURGICAL TECHNIQUE		MISCELLANEOUS	
Operative Surgery and Technique Postoperative Treatment		Clinical Entities—General Physiological Conditions	
MOERICH H. J. The Vital Capacities of 1,000 Surgical Patients	494	WALTERS H. W. E. Prostatitis Its Relation to Focal Infection	47
		EWING J. The Relation of Trauma to Malignant Tumors	500
Antiseptic Surgery Treatment of Wounds and Infections		FREUND E. and KAMMERER C. Biochemical Bases of the Disposition to Carcinoma	500
	494	JOHNSON E. M. The Development of Carcinoma in Scar Tissue Following Burns	500
		General Bacterial Protozoan and Parasitic Infections	
Therapy	495	MAYO C. H. and HENDERSON W. A. Avian Tuberculosis in Man	501

## BIBLIOGRAPHY

## Surgery of the Head and Neck

Head	502
Eye	502
Ear	503
Nose and Sinuses	503
Mouth	503
Pharynx	504
Neck	504

## Surgery of the Nervous System

Brain and Its Coverings Cranial Nerves	505
Spinal Cord and Its Coverings	505
Peripheral Nerves	505
Sympathetic Nerves	506
Miscellaneous	506

## Surgery of the Chest

Chest Wall and Breast	506
Trachea Lungs and Pleura	506
Heart and Pericardium	507
Esophagus and Mediastinum	507
Miscellaneous	507

## Surgery of the Abdomen

Abdominal Wall and Peritoneum	507
Gastro Intestinal Tract	508
Liver Gall Bladder Pancreas and Spleen	510
Miscellaneous	511

## Gynecology

Uterus	511
Adnexal and Peritoneal Conditions	511
External Genitalia	512
Miscellaneous	512

## Obstetrics

Pregnancy and Its Complications	512
Labor and Its Complications	513
Puerperium and Its Complications	513

Newborn	513
Miscellaneous	514

## Genito Urinary Surgery

Adrenal Kidney and Ureter	514
Bladder Urethra and Penis	515
Genital Organs	515
Miscellaneous	516

## Surgery of the Bones Joints Muscles Tendons

Conditions of the Bones Joints Muscles Tendons	516
Ltc	517
Surgery of the Bones Joints Muscles Tendon Etc	517
Fractures and Dislocations	518
Orthopedics in General	518

## Surgery of the Blood and Lymph Systems

Blood Vessels	519
Blood Transfusion	519
Lymph Vessels and Gland	519

## Surgical Technique

Operative Surgery and Technique Postoperative Treatment	519
Antiseptic Surgery Treatment of Wounds and Incisions	520
Anesthesia	520

## Physico Chemical Methods in Surgery

Röntgenology	520
Radium	520
Miscellaneous	520

## Miscellaneous

Miscellaneous	521
	521
	521
	522



## AUTHORS

## OF ARTICLES ABSTRACTED IN THIS NUMBER

- Alexander W A 484  
 Andrew L A 496  
 Aschner E W 453  
 Bailey C H 489  
 Bailey L 444  
 Balfour D C 453  
 Ballance Sir C 444  
 Barclay L E 431  
 Barrett H N 434  
 Bass E 436  
 Bastedo W A 454  
 Bauman G I 486  
 Bell B 470  
 Bérard L 418  
 Burchetti C F 473  
 Bullington W 433  
 Busa I 452  
 Brnstow, W K 490  
 Bumpu H C 477  
 Band R 46  
 Burrows H 418  
 Buschmann P 495  
 Butler P I 469  
 Calvanico R 419  
 Campbell H E 486  
 Carson W J 480  
 Carter B N 431  
 Chestle Sir G L 446  
 Cumana A 451  
 Clute H M 439  
 Colledge L 444  
 Comte H 450  
 Crohn B B 453  
 Crousse 454  
 Culligan J M 491  
 C et E C 447  
 De Takats G 454  
 Dixon V E 436  
 Donnett L 469  
 Doyle J 438  
 Elliott G R 484  
 Elmslie R C 490  
 Ehlman C L 438  
 Eberman G B 458  
 Ewri J 500  
 Fenton R 435  
 Fier C E 433  
 Figs F A 431  
 Finsterer H 457  
 Fischer H 44  
 Flakamp W 497  
 Fletcher M S 433  
 Ford I A 463  
 Forgue 464  
 Freund E 400  
 Friedemann M 456  
 Gatewood L C 453  
 Gedung E M K 467  
 Gifford S R 433  
 Goebel I 492  
 Goldstein A L 480  
 Granger A 435  
 Hager B H 475  
 Haggard H W 495  
 Hammond P 435  
 Harding V J 468  
 Hartung H 452  
 Heller F M 472  
 Henderson M S 488  
 Hendricks W A 501  
 Holbauer J 467  
 Holman E 446  
 Horgan J B 434  
 Huddy G P B 46  
 Hundley J M Jr 474  
 Hunner G L 475  
 Hunt V C 478  
 Ichijama F 460  
 Jachia 499  
 Jackson C 447  
 Jenkin G J 434  
 Johnson F M 500  
 Jones I H 434  
 Jones R W 459  
 Kammer G 500  
 Key J A 485  
 Kubane E F 475  
 Klein E 450  
 Knebel R 41  
 Knudsen V O 434  
 Kutscha Lisber, E 452  
 Laeven A 457  
 Lahey F H 439  
 Lattes L 491  
 Lehmann H 453  
 Leonard V 474  
 Lewis B 472  
 Livermore G R 475  
 Logan A H 458  
 Love J K 434  
 Mackenzie G W 434  
 Mackay N 434  
 MacMillan A S 448  
 Mallet Guy P 448  
 Mann F C 459  
 Marver O A 45  
 Mayo C H 501  
 Mazzanti C 451  
 Meyer K F 493  
 Miller C J 463  
 Milligan Sir W 434 437  
 Minazzini C 49  
 Moersch H J 494  
 Monberg A 491  
 Monroe M M 433  
 Moorhead S W 476  
 Morgan J D 499  
 Morin J F 484  
 Mosher H F 448  
 Motley F E 448  
 Mussey P D 469  
 Nager F R 435  
 Nev G B 431  
 Nichol B H 41  
 Nielsen R 481  
 Olood I B 48  
 Peck C H 46  
 Pembrey M S 495  
 Perrotti G 445  
 Platt H 443  
 Pollosson E 450  
 Polya L 441  
 Posati A 472  
 Potter J C 459 476  
 Rand G 433  
 Reynolds I E 435  
 Richard A 47  
 Rogers I M 433  
 Rogers W A 457  
 Rohde M C 481  
 Rolleston Sir H 492  
 Round H 433  
 Ryerson L W 483  
 Schlossmann H 468  
 Schroeder R 463  
 Sott S R 434  
 Sott W J 474  
 Sears W G 473  
 Shaw E C 477  
 Shipway F E 495  
 Simons I 475  
 Smith Petersen M N 487  
 Sosman M C 491  
 Spiro A 461  
 Spriggs E I 457  
 Starlinger F 446  
 Stein O J 436  
 Stetten DeW 439  
 Stevens J T 439  
 Stewart J R 484  
 Stoeckel W 470  
 Stolper L 468  
 Strauss I 447  
 Struthers J W 484  
 Tapia A G 440  
 Thacker V J 438  
 Thorburn O L 437  
 Towne E B 442  
 Tucker G 440  
 Turner A L 435  
 Van Dessel A 482  
 Van Wyck H B 468  
 Vogt E C 491  
 Wagner G A 467  
 Wallace S A 461  
 Walther H W E 477  
 Walzel Wessentreu I 446  
 Weiser A 441  
 Weiskopf S 453  
 Weison M B 49  
 White L E 433  
 Wilhelm C M 438  
 Williamson G S 437  
 Williamson H C 40  
 Williamson Noble I A 433  
 Wolfer J A 461  
 Woltman H W 442  
 Woolsey G 458  
 Yates J L 449  
 Young H H 477  
 Zimmer A 495



## EDITOR'S COMMENT

THE great interest which the subject of gastric and duodenal ulcer holds for European surgeons is indicated by a number of abstracts appearing this month in the section on abdominal surgery. A review of the ninth edition of Boas' handbook on diseases of the stomach (p. 452) deserves particular mention because of the outstanding position its author has maintained for so many years in the field of gastroenterology.

Studies of the results of surgical treatment in a

(p. 457) from the University of Vienna Clinic and by de Takats (p. 454) from the First Surgical Clinic of the University of Budapest—afford an interesting comparison of the various methods of treatment employed and of the results obtained in different surgical centers. Though it is not always possible to determine from the published reports the location of the ulcer in the cases in which extensive resection has been performed, the tendency toward this method of treatment for peptic ulcer in any location is a definite one in the clinics mentioned. The lowering of the acidity and the lessened incidence of recurrences, the presence of multiple ulcers (Friedemann, 260 of 566 cases) and the presence of atypical epithelial proliferation in the margin of gastric ulcers (de Takats, 5 per cent of cases) are given as arguments in favor of wide resection. Its proponents maintain moreover that the primary mortality is not greater than that following less extensive procedures.

An interesting comparison with the reports mentioned is that of Balfour (p. 453) in which he carefully distinguishes between duodenal and gastric ulcer and points out again that the treatment of the two conditions should not be identical. He also emphasizes some important factors in pre-operative and postoperative treatment which have helped to produce the remarkable record of a 1 per cent mortality in 400 cases.

In a discussion of the late results of gastroenterostomy for gastric and duodenal ulcer Lehmann (p. 453) emphasizes the fact that the

condition of patients after operation varies greatly from time to time and that misleading ideas as to the outcome of surgical treatment may result from reports that represent only momentary pictures at a particular interval.

The suitable preparation of patients for operation has been emphasized recently by a number of surgeons in different specialized fields. Moersch in an interesting study of the vital capacity of 1,000 surgical patients (p. 494) points out the value of the spirometer in indicating a patient's physical fitness. Bumpus (p. 477) and Hunt (p. 478) in two different papers discuss the problem of prostatic obstruction with particular reference to pre-operative preparation and its direct relation to the results of surgical management.

Lahey and Clute in discussing the operative treatment of persistent and recurrent hyperthyroidism (p. 439) point out the importance of freeing the jugular vein from the remaining thyroid tissue before attempting its removal. By carrying out this maneuver they were able to operate successfully on forty-eight cases which had previously been subjected to operation, injections of boiling water and other procedures.

The importance of early recognition of esophageal cancer and the ease with which it may be accomplished by the use of the esophagoscope in suspected cases is emphasized by Jackson in a recent contribution to the *Technique of Surgery* (p. 447). The author believes that by careful examination in every case presenting symptoms suggestive of esophageal anomaly a good percentage of cases with esophageal cancer may be saved.

(Platt, p. 443) the diagnosis and treatment of skull fractures as developed at the Cincinnati General Hospital (Carter, p. 431) and the use of fluids in the treatment of hyperemesis gravidarum (Harding and Van Wyck, p. 468) are only a few of many other recently published papers of particular interest and importance which are reviewed in this month's issue of the

ABSTRACT

# INTERNATIONAL ABSTRACT OF SURGERY

JUNE 1926

## ABSTRACTS OF CURRENT LITERATURE SURGERY OF THE HEAD AND NECK

### HEAD

Carter B N The Diagnosis and Treatment of Fractures of the Skull as Developed in the Cincinnati General Hospital *Am Surg* 1926 LXVIII 182

Carter reviews from the standpoint of the clinical aspects and treatment a series of 23 cases of skull fracture admitted to the Cincinnati General Hospital. Age is apparently an important factor in the prognosis as the death rate mounted with an increase in age.

Persistent deep coma means serious intracranial damage and a grave prognosis (mortality 66 per cent). The

is unfavorable sign

The pulse rate is of significance if it is slow (40 to 49) or fast (120 to 160). Later the pulse rate is very irregular.

In cases with this sign the mortality was 100 per cent. Ultimate contraction of the pupils is considered a good sign while dilatation later is an unfavorable sign.

Convulsive seizures usually mean cortical damage rather than extradural hemorrhage.

Definite persistent weakness or paralysis in an extremity associated with skull fracture calls for operation. The prognosis is very grave if the reflexes are absent and a change in the reflexes usually means a poor outlook.

Spinal puncture is very valuable as a diagnostic and therapeutic aid and is not dangerous. Extradural hemorrhage may be suspected if the spinal fluid is clear and under high pressure and if there is hemiplegia or dilatation of one pupil.

Operation is advised in cases of skull fracture when other methods for relieving the pressure have failed. Spinal puncture after operation often obviates the necessity for a bilateral operation. Simple depressed fractures are operated upon immediately. Elevation through trephine opening is the method of choice unless signs of pressure warrant a subtemporal decompression. Compound fractures are treated by debridement of the soft tissues, loose pieces of bone and lacerated cortex with suture of the pia if possible. If there is much loss of dura

at once

In the entire series of cases reviewed the mortality was 35.8 per cent. WILLIAM A. BRAINS M D

New G B Newer Procedures and Methods in Plastic Surgery of the Face and Neck. *South M J* 1926 LXX 138

The author reviews the more recent advances in plastic surgery of the face and neck, such for example as the use of local anesthesia instead of general anesthesia for the removal of cartilage from

The pupils may indicate the degree of intracranial damage. Fixed dilated pupils suggest great damage.

the rib and nasal plastic work of various types  
and the refracture of nasal deformities the  
use of cartilage

grafts  
line the distal part of the flap this is a  
advance as a much better lining is made in this  
way

Full thickness skin grafts have been found of  
great value for lining the cavities of the nose and  
mouth particularly in cases of congenital syphilis  
of the nose in which the skin is usually present but  
the lining has been destroyed With the use of a  
full thickness skin graft on dental compound at-  
tached to a sp... through  
an incision the  
noses may be  
previously Gillies suggest  
with the use of Thiersch graft In the mouth full  
thickness grafts on splints attached to teeth have  
been found very satisfactory On dental compound  
they may be employed for the correction of atresia  
of one nostril They may be used also in the replace-  
ment of mented scars about the face low grade  
... of the lower lip

previous to this...  
children however their use is inadvisable on account of  
the difficulty of obtaining sufficient co-operation  
from the patient

repeated in cases of har lip and cleft palate the application  
which... sides of the nostril of lead plates held in  
the tender with silkworm sutures and lead shot almost  
for peptic ulcer... of a flared out nostril This  
in the clinics... anyone in particular  
acidity and the  
the presence of  
of 566 cases)  
thelial prolifera-  
ulcers (de T  
given as arg  
its propo-  
primary mo-  
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An inter-  
mentione  
carefully  
gastric  
ment o-  
cal F  
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Le

usual deform in adults there  
of the lip... the nose after  
sawcer shaped piece... correct the  
the ear to elevate the back of  
In cases of cleft palate  
is an advance over the mat-  
In postoperative operations in the  
palates with considerable postoperative  
the use of pedicled flaps is a distinct  
lacking the openings laterally with adoforn  
after delayed transplantation of the flap also  
to give better results

Fig 1 F A. Bare Radium Tubes in the Treatment  
of Tumors Around the Head and Neck  
This is a review of 146 cases of malignant disease  
about the head and neck which were treated with  
bare radium emanation tubes after the method  
first suggested by Duane in 1908 and first used in

America by Janeway in the Memorial Hospital  
New York

Bare glass tubes containing between 0.5 and 1 m.  
of emanation are inserted directly into and around  
the periphery of the neoplasm by means of a hollow  
needle fitted with a stylet Tubes of this value are  
preferred because as shown by Bagge they give  
thorough radiation of the tissues with minimal  
necrosis An attempt is made to scatter them  
formerly 1 cm. apart Just before or immediately  
after their implantation heavy external radiation  
is given over the neoplasm and the regional lym-  
phatics to lessen the possibility of grafting or  
metastasis

The method of treatment gives more efficient  
results with less radiation of the surrounding tissues  
than the methods The softer gamma rays which

The method has been used to... surgery  
in the treatment of tumors of questionable operabil-  
ity in the parotid and maxillary regions with invasion  
of the external auditory canal extensive necrosis  
of indeterminate extent around the base of  
the tongue  
treatment of palpable metastatic nodes the  
tubes are inserted directly into the nodes  
the skin and their position is supervised  
radiation with distance and screen-  
ing the author states that bare radium  
tubes have given remarkable primary  
results are of value in the treatment of leu-  
kemia following surgical measures and in the con-

trol of metastases In all of the cases in which they were used alone there was some contra indication to operation When bare radium tubes have been employed with operation the results have been better than those obtained by operation alone

**Billington W and Round H Bone Grafting of the Mandible With a Report of Seven Cases**  
*Brit J Surg* 1926 xii 497

Experience gained in about 2 000 cases passing through the Jaw Center of the First Southern

of alignment

In all seventy five cases were successfully treated with grafts varying in length from  $\frac{1}{2}$  in to 5 in The longest successful graft measured 7 in and was used in a case in which the lower jaw had been destroyed from angle to angle

Jaw grafting is more apt to be successful in injuries sustained in civil life than in war injuries because in the former there is usually less soft tissue damage and sepsis and greater freedom from dense scar tissue

The

## EYE

**White L E The Optic Canal in Optic Atrophy**  
*Ann Otol Rhin & Laryngol* 1925 xliiv 1210

In previous articles the author reported that roentgenograms show the normal optic canal to be about 5 mm in diameter In 90 per cent it is round and in 10 per cent oval In patients with optic nerve involvement the diameter of the canals was found to be  $\frac{1}{2}$  mm less than the normal and in 50 per cent of these subjects the canals were oval When the diameter was 4 mm or less there was a 50 per cent loss of vision

In this article White reports the results of ex-

It may optic small e Ja dore

my when both nerves are endangered

MANFORD R WATZ M D

**Williamson Noble F A Inflammatory Pseudo Tumor of the Orbit**  
*Brit J Ophth* 1926 x 65

rhage

Before extenteration of the orbit is done the urine should be examined focal infection especially lu s and tuberculosis should be excluded a differential blood count should be made the coagulation time determined the teeth and sinuses examined with the X ray and an exploratory operation performed

VIRGIN WYATCOTT M D

**Gifford S R Epithelial Dystrophy of the Cornea and Its Relation to Endothelial Dystrophy**  
*J Ophth* 1926 3 s ix 81

The author reports three cases of epithelial dystrophy of the cornea and the findings of re examination in the cases he has reported previously He believes that both corneal surfaces are affected by a common cause He reports also two cases similar to those described by Graves in which there were dew like opacities scattered over the endothelial surface Prior to the use of the slit lamp these opacities escaped recognition

AUDREY H FRIMMER M D

**Fetree C E Rand G and Monroe M M The Area of Form Fields for One Degree Stimulus**  
*Am J Ophth* 1926 ix 3 s 95

The boundaries of the form field for a white stimulus subtending an angle of 1 degree were determined in 200 cases The areas included within these boundaries are represented by two methods and the results are shown in charts The cases studied were sampled to include as many as possible of the outstanding variables which are not pathological The test reveals a diagnostic scale for use in the separation of pathological from non pathological cases

AUDREY H FRIMMER M D

**Rogers R W Bilateral Glioma of the Retina**  
*Am J Ophth* 1926 3 s ix 105

The author reports a case of bilateral glioma of

cells lie usually in perivascular groups The inner

duces complete rosettes

The author stresses the fact that serial sections should be carefully studied to determine if the tumor

has passed into or beyond the sclera. In case of such extension the contents of the orbit should be removed immediately. **AUGREY H. PRIMER, M.D.**

**Milligan, Sir W. Love, J. K. MacLay, N. and Barnett, H. N.** Chronic Non Suppurative Middle Ear Deafness. *Brit Med J* 1915 II Sect Laryngol Otol and Rhinol 1115

### EAR

**Jones, I. H. and Knudsen, V. O.** Facts of Audition. *Ann Otol Rhinol & Laryngol* 1925 XXIV 1013

The loudness of a tone sensation is determined by the energy in the sound wave and the acuity of

an accompanying mild and creeping step is. The

far apart

A lesion of either the middle or internal ear has no effect upon the capability of the cochlea to differentiate loudness. The normal ear responds to from 20 to 20,000 dv. and there are about 1,500

responds approximately 3,400 pure tones are appreciated.

The quality of a musical tone depends upon its

The hope of preventing the onset of chronic middle ear deafness lies chiefly in the early recognition and treatment of catarrhal and septic changes in

**MACLAY** states that among the more important

tympanic massage and re-education exercises as

**Mackenzie, G. W.** The Prevention of Chronic Middle Ear Suppuration. *Ann Otol Rhinol & Laryngol* 1921 XXIV 1068

The prevention of chronic middle ear suppuration depends upon the curing of the acute form. The predisposing cause of the acute form is nasal or nasopharyngeal obstruction caused by adenoids, a deflected septum, nasal polyp, hypertrophied turbinates or adhesions. The activating cause is an acute infection affecting the upper respiratory tract such as influenza, scarlet fever and measles. Re-

**Jenkins, G. J. Scott, S. R. and Morgan, J. B.** Operative Treatment of Chronic Middle Ear Suppuration. *Brit Med J* 1925 II Sect Laryngol Otol and Rhinol 1109

describes his cases of chronic suppurative

cause whether this is faulty drainage or lessened resistance or both. Syphilis and tuberculosis are less common factors but are of importance and should be treated. The diet also must receive consideration. **MANFORD R. WALTZ, M.D.**

and B

Group 2. Those in which the middle ear conducting apparatus has been involved. The hearing may be very poor.

of a  
f the

stoid  
aps i

and 2 In cases of Group 3 he uses the radical operation

Scott believes that cases of otitis media in which defective hearing and otorrhea persist from the onset for more than four to six weeks and even for nine months or longer should be regarded as acute cases and treated as such by the Schwartze operation. When there is doubt as to the necessity for extirpation of the tympanum when there is no cholesteatoma and no labyrinth disease and even when hearing is very defective it is permissible to

not subside in from four to six weeks transantral drainage should be employed in an effort to render more radical procedures unnecessary. He describes the technique he employs in the performance of a radical mastoid operation. He always uses a primary skin graft in uncomplicated cases and even in those in which the lateral sinus or dura is exposed. He does not use a skin graft in cases of fistula of the external semicircular canal.

WILLIAM B. STARK, M.D.

Nager F. R. The Cholesteatoma of the Middle Ear—Its Etiology Pathogenesis Diagnosis and Therapy. *Ann Otol Rhinol & Laryngol* 1925 XLIV 1249

Ch 1

usually is between 1/4 and 3/4 per cent. The theory of Habermann and Bezold that the epidermis grows from the external meatus into the middle ear is applicable to most cases. Cholesteatoma cannot arise with a central perforation but may develop through a fistula in the pars flaccida.

In the cases reviewed by the author the middle

tion of the cholesteatoma with serious symptoms, (2) the failure of conservative treatment after from four to six weeks (3) constantly recurring suppuration and (4) insufficient co operation on the part of the patient. Contra indications to operation are chronic middle ear suppuration with a central perforation and without cholesteatoma. The prognosis depends upon the time the diagnosis is made. MANFORD R. WALTZ, M.D.

Hammond P. Results in Radical Mastoid Operations as to Hearing. *Ann Otol Rhinol & Laryngol* 1925 XLIV 1043

Hammond reports eight radical mastoid opera-

granulations and thereby prevented the loss of compensatory vibrations in the labyrinth due to occlusion of the oval and round windows by granulations. MANFORD R. WALTZ, M.D.

## NOSE AND SINUSES

Furuncle of Thrombosis Leptomen. *Ann Otol Rhinol & Laryngol* 1926 XLV 73

subcutaneous plexus and superior ophthalmic vein or in retrograde emboli from a septic thrombus. In the absence of venous thrombosis they may enter the sinus from the subcutaneous venous plexus through the perivascular lymph spaces in retro-

bolus of the furuncle

GEORGE R. McALIFF, M.D.

Granger A. Roentgenographic Examination of the Sphenoid Sinuses. *Radiology* 1926 VI 23

In the roentgenographic examination of the sphenoid sinuses which is described by the author the patient lies prone with his head in a head rest or

ing the res and the adjacent structures may be opened and invaded by the associated infection. The diagnosis is made by otoscopy with the use of a probe and magnifying glass and by intratym-

marking the upper border of the ethmoid sinus in the frontal sinuses does not affect the visualization of the G line

The author reports four cases to illustrate the

plasia the density of the line is diminished by bone atrophy. In osteoplasia the line is broadened by the osteoplastic changes.

In conclusion Granger states that with this method the roentgen examination of the phenoid sinuses can be standardized even in large clinics as uniform results will be obtained if the technique is followed exactly. GEORGE R. McALISTER, M.D.

Fenton R. A. Vaccines from Hemolytic Cocci in Sphenoidal Disease. *Ann Otol Rhinol & Laryngol* 1925 xxxiv 1051

4. Autogenous vaccines from non hemolytic streptococci secured by loop inoculation of human

disease which are unsuitable for or fail to respond to the established procedures of surgical and antiseptic treatment. MANFRED R. WALTZ, M.D.

Dixon W. E. Some Observations on the Diagnosis and Treatment of Maxillary Sinusitis. *J Oklahoma State M Ass* 1925 xviii 29

T

## MOUTH

Bass E. Tuberculosis of the Tongue. *Med Clin & Am* 1926 ix 2139

" " lesions of the tongue may easily be over-

se

The initial dose was from 0.005 to 0.01 c.c.m. and the maximum dose from 0.3 to 0.5 c.c.m. The injection was made in the patient's back every four days the dose being increased 1 c.c.m. each time. The author summarizes his conclusions and findings as follows:

1. The value of mixed vaccines with numerous organisms depends largely upon the somatic reaction to foreign protein. Such vaccines are likely to be dangerous. Their effect is in proportion to the dosage of different bacteria each of which has its own coefficient of protein reaction.

2. Foreign protein injections if used should be made with some highly standardized product such as typhoid vaccine. In the control cases in the series studied they had no beneficial effect.

Stein O. J. Cysts in the Floor of the Mouth. *Ann Otol Rhinol & Laryngol* 1925 xxxiv 1023

Ranula has been proved a degenerative cyst of the

Dermoid cysts develop from misplaced fetal rests or inclusions. They are of two types: those attached to the symphysis of the lower jaw and those attached to the hyoid bone. They begin to form shortly after birth and are present in the floor of the mouth or in the neck. The only method of treatment is total extirpation. This may be accomplished through the mouth under local anaesthesia.

Thyroglossal cysts develop in the remains of the thyroglossal duct. They must be differentiated from sublingual dermoids, abscesses of the suprahyoid lymph gland, a suppurating suprahyoid bursa and accessory thyroid substance. They must be dissected out.

Branchial fistulae are due to embryological defects of development in the neck resulting in per-

toms such as obstruction and dyspnoea. It is not followed by shock; it is less apt than other procedures to be followed by spontaneous hæmorrhage or bronchopneumonia. It is practically bloodless; it blocks the vascular and lymphatic channels and

tissue the danger of severe secondary hæmorrhage and when the skin is involved formation of keloid cicatrices.

GEORGE R. MCALPIN, M.D.

## PHARYNX

Thorburn O. L. The Relation of Tonsil Infection to Nephritis in Children. *Ann. Otol. Rhinol. & Laryngol.* 1925 XXXIV, 1096.

It is only in the

a focus

widely

the absorption of toxins rather than to the direct action of the bacteria.

In children the history and the condition of the circulatory system are unimportant and the acute type of nephritis is most common. In adults the reverse is true.

Nephritis in the child is classified by Hill into the following types: (1) acute hæmorrhagic (2) acute exudative with oliguria (3) subacute (4) chronic and (5) ...

fu  
Ti

Medical treatment and regulation of the diet are not sufficient for the permanent cure of nephritis; the cause of the infection must be eliminated.

MANFORD R. WALTZ, M.D.

Milligan Sir W. Radiodiatheirmy in the Treatment of Inoperable Malignant Disease of the Upper Air and Food Passages. *Brit. M. J.* 1926 1, 364.

While the early recognition of malignant disease and the immediate removal of the lesion with the

## NECK

Williamson G. S. Applied Anatomy and Physiology of the Thyroid. *Brit. J. Surg.* 1926 XXII, 466.

From anatomical studies and studies of comparative anatomy and embryology Williamson concludes that the basic architectural feature of the thyroid gland is a lymph sinusoid.

anterolateral surface of the trachea into the thymus.

The author believes the thymus does not undergo atrophy in youth but persists, manifesting a metamorphosis coincident with the nature of the demands made upon it and serving as a reservoir for thyroid products derived from lymph drainage. This theory was supported by studies of the extension of the growth in thirteen cases of carcinoma, none of which showed extension in the cervical lymphatic glands.

The parathyroid body is associated with a ganglionated branch of the cervical sympathetic and by lymphatic tubules connecting with the thymus and thyroid. At times the lumina of these tubules contain the lymph-like secretion of an active thyroid gland. There are two processes that occur in the normal



the operation the absence of change was probably due to incompleteness of the thyroidectomy the presence of accessory thyroid tissue or compensatory activity on the part of other organs

The surface tension of the plasma of animals

#### first determination

The time drop is somewhat greater in the plasma from normal animals than in that from animal operated upon

It is suggested that these changes are due to a decrease in the amount of certain normally occurring surface active substances the production of which is dependent directly or indirectly upon the thyroid gland

Determination of the surface tension of blood

#### toxicosis

Graves disease is considered primary in those cases in which the cause is extrinsic to the gland and secondary when it follows years of simple thyrotoxicosis Clinically primary Graves disease

primary or secondary The morphological appearance

#### to respond

In colloid or acute vesicular goiter there is an entire absence of subjective symptoms and also of secretory activity In the acute variety there is an over production of colloid whereas in the chronic variety there is stagnation

#### pathological

The chronic hypertrophic or adenoparenchymatous goiter is a variety of endemic goiter produced by constant overwork of the gland resulting in a diffuse fibrosis WILLIAM L. SHACKLETON M.D.

normally occurring surface active constituents which are produced as the result of increased cellular metabolism JAMES C. BRADWELL M.D.

Burrows H. Pulsating Goiter with Recurrent Dislocation of the Eyeballs *Brit J Surg* 1916 vol 378

Thacker V. J. The Heart in Hyperthyroidism *Med Clin N Am* 1916 12, 1093  
Eshleman C. L. Long Standing Hyperthyroidism with Spontaneous Subsidence *M d Cl N Am* 1916 12, 1103

THACKER states that the incidence of cardiac hypertrophy is about 25 per cent

per cent  
in the few  
days after

vidence which has been under his observation for fourteen years. At the age of 57 years the patient is suffering from a chronic cardiac condition. The author attributes his long survival to prolonged periods of rest and the administration of sedatives during periods of acute hyperactivity.

JAMES C. BRADSTELL M.D.

Lahey F. H. and Clute H. M. Persistent and Recurrent Hyperthyroidism. *Ann Surg* 1926 lxxviii 190

In the Lahey Clinic of Boston, Massachusetts, a secondary or repeated operation has been performed in forty-eight cases of persistent or recurrent primary hyperthyroidism.

Of the twenty-four cases in which complete

of his discharge after operation was 28. The corresponding rates in the five cases of recurrent hyperthyroidism were 68 and 5.

Lugol's solution was used but in no case did it keep the metabolic rate normal without surgical intervention. At operation a good sized piece of thyroid tissue was always found to account for the increased rate.

In the second operation, which is difficult, the essential factor is separation and retraction of the internal jugular vein and the common carotid artery from the thyroid remnant.

GEORGE R. McALLIFF M.D.

Clute H. M. The Effect of Compound Solution of Iodine and Rest in the Surgery of Exophthalmic Goiter. *J Am W 1926 lxxvi 105*

Compound solution of iodine has been used by the author in the treatment of 200 cases of primary hyperthyroidism. In sixty-nine selected cases a detailed study of its effects was made.

In the cases of patients not acutely ill the basal metabolism was determined at the time the patient was admitted to the hospital and every day or two during the period before the operation. In acute cases the preliminary test was omitted.

The patient was kept in bed for from seven to ten days before the operation and 10 minims of the compound solution of iodine were administered three times daily before the operation and for several days after.

Under this treatment there was an average drop of thirty points in the basal metabolic rate before operation and only 7.2 per cent of the cases failed to show an appreciable drop. Formerly a one stage operation was done in only 38 per cent of the cases

but with this newer treatment it is done in 63.6 per cent. Pole ligations formerly done in 51 per cent of

is now

ion the

basal metabolic rate frequently goes below normal in the cases in which the compound solution of iodine has been given. Because of the involution of the

Stetten DeW. Combined Secondary Thyroidectomy and Thymectomy for Intractable Exophthalmic Goiter. *Ann Surg* 1926 lxxviii 288

Stetten reports a case of hyperthyroidism in which after medical treatment a right lobectomy was done in 1914 and an adenoma of the lower part of the left lobe was removed in April 1915 but in spite of these two operations there was no improvement in the symptoms.

In November 1915 a small portion of the lower part of the left lobe was resected and a thymectomy was done under ether anesthesia. The patient then made an unexpectedly excellent recovery and returned to work two months later.

GEORGE R. McALLIFF M.D.

Stevens J. T. Toxic Goiter Its Treatment by Means of Radium and the Roentgen Rays. Results Controlled with Basal Metabolism Tests. *Radiology* 1926 xi 7

Barclay A. E. Hyperthyroidism. *Radiology* 1926 vi 14

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other method of treatment

In the case of - - - - -

droplet to the distended vesicle. In the gland unit in which colloid storage is going on there is no evidence of the production of secretion the gland

tonics is

Graves' disease is considered primary in those

to respond

In colloid or acute vesicular goiter there is an entire absence of subjective symptoms and also of secretory activity. In the acute variety there is an over production of colloid whereas in the chronic variety there is stagnation.

Disorders involving both colloid and secretion are common.

logical goit

situation

cause of the tendency to look upon an increase in the basal metabolic rate as indicative of pathological changes. The increased basal metabolic rate indicates only a compensatory effort in the metabolic cycle which is not necessarily thyrotoxic nor even pathological.

The chronic hypertrophic or adenoparenchymatous goiter is a variety of endemic goiter produced by constant overwork of the gland resulting in a diffuse fibrosis. WILLIAM E. BRACKLEY, M.D.

the twenty minute period than at the time of the first determination.

The time drop is somewhat greater in the plasma from normal animals than in that from animals operated upon.

It is suggested that these changes are due to a decrease in the amount of certain normally occurring surface active substances the production of which is dependent directly or indirectly upon the thyroid gland.

normally occurring surface active constituents which are produced as the result of increased cellular metabolism. JAMES C. BRISWOLD, D.

Barrows H. Pulsating Goiter with Recurrent Dislocation of the Eyeballs. *Br J Surg* 1916; 3: 578.

Thacker V. J. The Heart in Hyperthyroidism. *Med Clin N Am* 1926; 1: 1093.  
Eshleman C. L. Long Standing Hyperthyroidism with Spontaneous Subsidence. *Med Clin N Am* 1926; 1: 1103.

THACKER states that the incidence of cardiac damage in hyperthyroidism is about 25 per cent and that in from 2 to 6 per cent of the cases the injury is severe. Its cause is now believed to be the action of a toxin the old theory ascribing it to the thyroid gland has been discarded.

# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Pólya E. Epilepsy Due to a Traumatic Pore

The patient whose case is reported was a boy 9 years of age who had had repeated epileptic at

from eight to ten occurred each day. They began in the left hand and rapidly progressed to the arm and leg. Sometimes they affected the entire body. Operation revealed a thin walled cyst the size of a fist which communicated with the lateral ven

lans Meyer Bungart and others. The obliteration of the cyst can be accomplished by any kind of a plastic procedure. A dural plastic by Krause's method or free transplantation of fascia according to the method of von Haberer is just as effective as suturing of the mobilized cyst wall. Resection of the choroid plexus is of advantage because it is not followed by a spinal fluid fistula such as developed in the cases of Krause and von Haberer.

PÓLYA (Z)

Weiser A. Bone Formation in Endotheliomata of the Dura (Knochenbildung im Dura Endotheliom) *Ztschr f Chir* 1925 cxvii 403

Tumors of the brain substance and cerebral meninges not infrequently coincide with hyperostosis of the cranial bones. In all probability the tumors of the endocranium are to be considered primary and

The author reports a case in which an operation for endothelioma was performed thirty years ago and thirteen years later another operation was necessary for the removal of a local recurrence. Inspection of the cavity at the second operation showed that it was completely closed on all sides by smooth bony walls. Weiser suggests that remnants of the primary tumor may have become displaced

The formation of bony layers on the surface of

formation had occurred secondarily in the fibrous tissue. This case serves to show that the formation of bone plates toward the brain may occur even in

consideration. (Z)

Strauss I. Meningitis Sympathica. *Arch Oto laryngol* 1920 iii 46

Acute suppurative conditions in the accessory sinuses of the cranium in the ear or related struc

Schottmueller is of importance from the standpoint of diagnosis and therapy. The most common etiological factor is inflammation of the ear with or without mastoid sinus or labyrinth involvement.

abscess that the patient will succumb to the infection.

Meningitis sympathica must be differentiated from (1) tuberculous meningitis, (2) the so called aseptic meningitis which is probably caused by an

**Tapia A G** Large Pharyngostomes A Complication of Laryngectomy How to Avoid Them The Technique of Their Closure *J Laryngol & Otol* 1925 21 781

Pharyngostomes formed as a complication of laryngectomy may be divided into two main groups those due to inadequate nutrition of the skin flaps and the edges of the opening in the pharynx and

accuracy by direct laryngoscopy Laryngofissure should be limited to cases of anterior intrinsic growths confined to the anterior two-thirds of the cord

The technique as developed by Jackson is described in detail It differs from the technique of the British surgeons in that tracheotomy is not done unless it is necessary to pack the larynx on account of hæmorrhage Intratracheal ether anaesthesia is

1

ness

The induction of local anaesthesia with novocain and adrenalin solution does not interfere with complete and rapid recovery

WILLIAM B STARR V.D

**Tucker G** Laryngofissure for Cancer of the Larynx Report of Fifteen Cases *Arch Oto laryngol* 1926 11 20

Laryngofissure or thyrochondrotomy for intrinsic cancer of the larynx has been re-established on a sound basis by Butlin and Semon It is regarded as the best procedure for early intrinsic cases by many of the leading British laryngologists

Prior to any major procedure such as laryngofissure laryngectomy or extensive radiation for cancer of the larynx the diagnosis should be confirmed by biopsy accomplished with the utmost

radiation

tion anesthesia are reported

STANLEY J SEEGER M D

### PERIPHERAL NERVES

Platt H The Pathogenesis and Treatment of Traumatic Neuritis of the Ulnar Nerve in the Postcondylar Groove *Brit J Surg* 19 6 1111 409

Ulnar nerve involvement rarely complicates recent fractures of the lower end of the humerus. In a fracture clinic such a complication was found in only nine (3.7 per cent) of 252 fractures; ninety-five of which were supracondylar fractures, seventy-four fractures of the internal condyle, and eighty-three fractures of the external condyle. In eight of these nine cases there was a separation of the internal condyle, and in one a supracondylar fracture.

during the early stages of treatment. A secondary ulnar neuritis may arise from forced passive movement of the elbow in the first few weeks after the injury, and a friction or tension neuritis may result from disturbance of the normal relation between the nerve and its bed. In every case of severe and persistent neuritis the nerve should be explored and displaced to an intramuscular bed in front of the internal condyle.

Delayed ulnar palsy is usually secondary to fractures of the external condyle of the humerus sustained between the second and tenth years of age. Forty-three cases collected by Lewis and Miller there had been a fracture of the external condyle in twenty-three, a fracture of the internal condyle in ten, a supracondylar fracture in eight, and epiphyseal separation in two. The cubitus valgus deformity is manifested early. The functional result in the joint is of an fairly satisfactory. The latent period before the onset of symptoms is rarely less than ten years and may be more than thirty years. The neuritis is a fr.

to be or symptoms follows a period of strenuous use of the limb involving repeated flexion movements of the elbow.

Operative treatment is indicated in all cases to relieve nerve friction and shorten the course of the nerve. The operation of anterior transposition has proved completely effective. Supracondylar osteotomy by correcting the cubitus valgus deformity

indirectly shortens the course of the nerve but presents more difficulties than simple anterior transposition. Simple freeing of the nerve without transposition and gouging out of the postcondylar groove with replacement of the nerve are unsatisfactory operative procedures.

True complete and recurring dislocations of the ulnar nerve from its groove are rare, but minor degrees of hypermobility are often found in routine examinations. Possible predisposing causes are a shallow postcondylar groove, congenital or acquired laxity of the nerve sheath or arcuate ligament, and an exaggerated carrying angle.

The symptoms are those of friction neuritis. The nerve trunk becomes thickened and tender as a fusiform neuroma slowly appears. In recurring nerve dislocation with neuritis, transplantation of the nerve in front of the internal condyle gives relief. Recurring dislocation without neuritic symptoms may be treated conservatively by the prevention of repeated forcible flexion movements of the elbow, but in the cases of persons engaged in manual labor and those who are unable to submit to the necessary restrictions of conservative therapy, early operation should be considered.

Anterior transposition of the ulnar nerve is an aid to end to end suture in gross lesions with ex-

technique includes

1. Liberation of the nerve trunk in the lower third of the upper arm in the groove, and in the upper third of the forearm. In the latter site access is

stripped distally to increase their extramuscular course. In this way linking is avoided and the ulnar trunk can be displaced well in front of the condyle.

2. Construction of a new nerve bed in a deep intramuscular plane by (a) division of the superficial fibers of the forearm flexors taking origin from the internal condyle, or (b) detachment and turning down from the condyle of a tongue shaped muscular flap.

3. Excision of the intermuscular septum at the

unknown focus and therefore of the same significance

made from a study of the spinal fluid. It must sometimes be based on the other clinical findings

process is still present or after it has subsided and even after the perforation in the tympanum has healed. Lumbar puncture in such a case shows increased spinal fluid pressure and many polymorphonuclear leucocytes but no bacteria are found in smears or cultures. Although the symptoms of meningitis persist and are aggravated for a few days bacteria are found in the spinal fluid only a day or two before death.

WALTER C. BURKE, M.D.

### SPINAL CORD AND ITS COVERINGS

Woltman H. W. Some of the Clinical Manifestations of Tumors of the Spinal Cord. *Colorado Med.* 1926 LXIII: 5

Since in compression of the spinal cord one side is usually affected a little before the other the characteristic sign of this type of disturbance is an approach to the Brown Sequard syndrome.

The signal forerunner of spinal cord compression is root pain. Root pain has certain distinctive

tion syndrome.

When lipiodol which is opaque to the roentgen rays is introduced into the spinal canal through a cistern puncture it will sink to the point of obstruction and may there be located by means of the

denly to the ground.

It is usually difficult to determine before operation whether a tumor is intramedullary or extramedullary. A valuable differential point is an area of

nervous system is uncommon but may occur from some hidden recess such as the nasopharynx.

A persistent pain for which there is no obvious explanation may be a root pain.

A gradually increasing loss of motion and sensation below a given level may be due to a cord tumor.

Fifty seven per cent of spinal cord tumors are removable, 42 per cent of patients are completely cured by their removal and 25 per cent are benefited. Without operation the disability would increase.

Towne E. B. Laminectomy and Removal of Spinal Cord Tumors under Local Anesthesia. *California & West Med.* 1926 LXIV: 194

siderable connective tissue reaction. At the end of six months they are permeated by nerve fibers coming from the central fragment of the nerve but neurotization and especially the maturation of myelin is not yet complete.

Schwann's cells in the central and peripheral fragments take an active part in the process of neoformation. And after several months cells analogous to Schwann's cells can be seen in the trans-

microscopic study of twelve experimental nerve

Heterotransplants always undergo absorption

Perrotti G. An Experimental Study of Transplantation of Nerves (*Ricerch sperimentali sul trapianto dei nervi*) *Ann ital di chir* 1925 IV 855

In experiments in nerve transplantation performed on dogs Perrotti found that homotransplants of nerves preserved in alcohol take without any con-

To obtain good results in transplantation careful attention to the details of technique is essential

AUDREY G. MORGAN M.D.

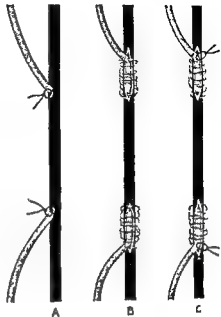


Ballance Sir C Colledge L and Bailey L:  
Further Results of Nerve Anastomosis *Brit*  
*J Surg* 1926 xii 533

The authors report the results of experimental studies of peripheral nerve suture. In some of their

trunks were anastomosed by suture in crosswise fashion.

Following double lateral implantation the time required for the recovery of function varied with



Diagrams of the methods employed in double lateral

in a microscopical drawing may not indicate the true functional connections of the nerve fibers. In nerve anastomosis the passage of the needle and suture through the neurilemma only, although theoretically desirable is not essential to

microscopic study of twelve experimental nerve sutures including (1) double lateral anastomosis of the divided external popliteal nerve to the internal popliteal nerve in seven cases of the ulnar to the median nerve in one case and of the median to the ulnar nerve in two cases and (2) crosswise anastomosis of the median and musculospiral nerves in one case and of the internal and external popliteal nerves in one case

WALTER C BURKET M D

Perrotti G An Experimental Study of Transplantation of Nerves (*Ricerch sperimentali sul trapianto dei nervi*) *Ann ital di chir* 1925 iv 855

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Schwann's cells in the central and peripheral fragments take an active part in the process of

Heterotransplants always undergo absorption The enclosure of the transplant in a tube of preserved artery is contra indicated as a primary operation at the time of the transplantation but may be tried secondarily if the transplant becomes surrounded by extensive firm adhesions

To obtain good results in transplantation careful attention to the details of technique is essential

AUDREY G MORGAN M D

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Walzel Wiesentreu P and Starlinger F Sub

2 An epithelial hyperplasia in which the individual cells are showing signs of beginning malignancy

The investigation reported in this article was made to determine how many of the following changes particularly the precancerous state is found in the center of the fully developed carcinoma is most significant?

changes particularly the precancerous state is found in the center of the fully developed carcinoma is most significant?

Cheattle Sir G L Desquamative and Dysgenetic Epithelial Hyperplasias in the Breast Their Situation and Characteristics *Brit J Surg* 1926 xiii 509

may not occur invariably Papilloma for instance may be absent and its place taken by a sessile and non papillomatous growth One or more of these stages may be absent in the development of acute carcinoma

may be interrupted at any point as the result of

## TRACHEA LUNGS AND PLEURA

Holman E The Etiology of Postoperative Pulmonary Abscess *Ann Surg* 1926 lxxvii 30  
Postoperative pulmonary suppuration probably

attempt

body in the bronchus to produce an abscess of the

terieres with or completely cut off and thereby lessens the resistance of the tissues to the bacteria

In operations about the mouth the thrombi in the smaller vessels are easily infected Infected emboli may be sucked into the jugular vein by reason of frequent movements

## HEART AND PERICARDIUM

Cutler E C The Surgical Aspect of Mitral Stenosis *Arch Surg* 196 311 212

Cutler has found that certain cases of mitral stenosis may be relieved by surgery. The mortality is 80 per cent but this is no higher than that of the first operations performed on the stomach.

In the earlier technique a cardiovalvulotome was used. This is an instrument composed of tub

above and below the shelf of sclerosed valve and as the handle was telescoped the blades were approximated and a segment of the valve was excised. The only difficulty experienced with this instrument in experiments on dogs was its accurate placement against the valve.

The instrument now being used the cardio-  
scopic valvulotome is a modification of the in-  
strument devised by Rhea and Walker and similar  
to a cystoscope. In man the operative technique  
is as follows:

the  
pbr  
317  
then placed in the wall of the left ventricle and  
crossed the myocardium is incised and the car  
diovalvulotome is inserted

After the withdrawal of the instrument one or two Lambert sutures are used to close the opening in the muscle. Bleeding is prevented by drawing the mattress sutures against each other.

Five clinical cases have been operated upon in this manner. There were no deaths on the operating table and one patient seems to have been somewhat benefited.

HOWARD A. MCKNIGHT M.D.

## ESOPHAGUS AND MEDIASTINUM

Jackson C Why Does Not the Thoracic Surgeon  
Cure Cancer of the Oesophagus? *Arch S & G*  
19 6 XII 116

Notwithstanding the fact that cancer of the thoracic esophagus is a mild lesion which for a long time remains a strictly local process the thoracic surgeon has made little progress in its cure because he never sees the cases at an early stage when a

in the early stages. The history is useless since a cancer of the oesophagus may be present in a patient who has had dysphagia for only a few days and on the other hand some patients give a history of dysphagia for as long as twenty years. Inferential exclusion of cancer would be wrong in both cases. A history of intermittent stoppage of food is supposed to indicate oesophageal spasm but intermittent dysphagia is present in all cases of cancer.

Moreover the bougie may be stopped by a normal fold or a non malignant stenosis it may become bloody from contact with the normal mucosa and it may become fouled by septic lymphoid tissue in the pharynx. Bougienage is an infernal method which at best is late and inconclusive in its findings and may be fatal.

There are only two safe and certain methods for the early diagnosis of oesophageal cancer namely roentgen ray examination and oesophagoscopy.

The cure of cancer of the œsophagus depends

**FISCAL YEAR**

In the author's technique for intrathoracic resection of the esophagus for carcinoma and its implantation into the stomach the thorax is opened by the usual incision in the eighth or ninth intercostal

and these compresses are covered with gauze wet with hot physiological salt solution. If the vagi nerves are adherent to the tumor both are cut.

The next important step is the supradiaphragmatic phrenicotomy advocated by Sauerbruch. The

... the ... rushes a good route of access to the oesophagus through the posterior opening in its sheath but is associated with serious danger of tearing of the parietal pleura in its dissection from the vertebra and ribs

The authors made a study of the adhesion of the

and severed

The lower portion of the oesophagus is then

1

to detach it where the ... The adhesion

... contact with the oesophagus 4 or 5 cm above its cut end where it is fastened to the stomach wall by several chromic gut sutures on its sides and posterior wall. A seromuscular flap twice as wide as the diameter of the oesophagus and with its base down ... of the flap must

which the ... + trial

with stomach

sequences

... and Motley F E

... of the  
The  
then  
thorax

... of the  
adenoid

carefully sutured to ...  
tototomy wound is closed

HOWARD A. MCKENIGHT M.D.

... death it was made a  
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Massa  
one with  
between  
adenoid

bronchial part must be approached ...  
... or from behind by posterior mediastin

operations. A series of 48 autopsies and xentgenograms made during the years 1924 and 1925 showed that 7 per cent of the children had an enlarged thymus. It was possible by this method of examination to distinguish the enlarged thymus from enlarged tuberculous glands in the mediastinum. ... found in only 7 per cent

... here

was a slight lymphocytosis. X-ray therapy made no change in the blood count. Physical examination was successful in revealing enlargement of the thymus in 25 per cent of the cases in which both methods of examination were used. In 1 per cent of the cases treated with the X-ray the mediastinal shadow was not reduced and a diagnosis of some other pathological condition was made subsequently.

WILLIAM E. SHACKLETON, M.D.

### MISCELLANEOUS

Yates J. L. The Significance of the Vital Capacity in Intrathoracic Therapy. *Arch Surg* 1916 63: 237

Estimations of vital capacity are helpful in diagnosis, prognosis, the determination of the effects of treatment, and the measurement of ultimate results because they indicate the effectiveness of the basic function—external respiration.

For effective treatment of intrathoracic diseases the vital capacity must be kept at the highest level possible under the circumstances by protection of the structures and the activities of the structures that maintain it.

Vital capacity. The resistance, defense, growth, and repair of intrathoracic structures and of the organism as a whole are proportional to the vital capacity.

Provided the circulatory apparatus is relatively competent, compensatory emphysema occurs with internal or external pulmonary deflation, collapse, and compression whether the latter are developed gradually and spontaneously or provoked abruptly and artificially.

Compensatory emphysema is a purposeful biological response to pulmonary deflation, collapse, and compression which provides margins of safety in external respiration.

The breathing apparatus is a passive agent in the production of compensatory emphysema.

T

The means whereby the active agent, the circulatory unit, maintains the degrees of inflation in the passive breathing unit essential to external respiration under normal conditions and develops requisite compensatory emphysema to safeguard external respiration in the presence of pulmonary deflation, collapse, and compression is an air-cell capillary gear intermeshing with the breathing and circulatory mechanisms.

T

# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Pollosson E and Comte H Chronic Abdominal  
Torsion of the Great Omentum (Torsion ab-  
dominale chronique du grand épiploon) *Lyon chir*  
1925 xii 513

th Abdomen  
out of  
ial sac  
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## GASTRO INTESTINAL TRACT

Klein E Gastric Motility I The Origin and  
Character of Gastric Peristalsis *Arch Surg*  
1926 xi 571

Klein E Gastric Motility II The Conduction  
of the Gastric Peristaltic Wave *Arch Surg*  
1926 xi 583

The experiments reported were performed on  
dogs. The vagus nerves were divided just as they  
emerged through the diaphragm.

The section was performed as high up as possible  
in order to reach a point above that at which the  
branches are given off. Even so later necrosis

the mass was dangerous castration was decided  
and cord were  
the hernia  
abdominal  
Uneventful

The torsion occurred around an upper fixed point  
formed by the insertion of the omentum on the  
colon and a lower fixed point produced by the pa-  
tient's bandage. The upper pedicle was about the  
size of a lead pencil and the lower one about the  
size of a thumb. The hernia was practically cured.

Movements of the abdominal mass were trans-  
mitted to the testicle. The testicle was large and  
heavy and the adherent epiplocele suggested a  
large cord. The abdominal tumor however was

ishment of an independent rhythm  
of the suture line MORRIS H KAHN M.D.

Mazzanti and others (milk bread rice) cause maximal secretion  
 1. Some food 2. 3. 4. 5.

secreted by the spleen. To determine whether in the investigations previously reported the apparent stimulation of peristalsis was due to the splenic extract or to the methods employed, the author performed a series of experiments on dogs and cats and on isolated intestines placed in Ringer's solution sometimes using a splenic extract obtained from

in the spleen. The extracts employed had a normal hydrogen ion concentration. When the hydrogen ion concentration was above normal, the decrease of peristalsis was not begun. Extracts of spleen which they were

several days old and processes of autolysis and putrefaction had begun. Mazzanti therefore concludes that the action on peristalsis is due to the cholin and histamin produced in the course of putrefaction. These organic bases are contained in very small amounts in fresh extracts of organs but increase in quantity as putrefaction progresses.

AUDREY G. MORGAN, M.D.

Ciminata, A. C. S. A. C.

Ciminata reviews the work of Pawlow, Heidenhain and others on gastric secretion and describes in detail the technique of his own experimental work.

Pawlow's first finding was that the percentage of water contained in a given food and the amount of gastric juice secreted after its ingestion. Milk and meat, which are 84 per cent and 74 per cent water respectively, produce the greatest amount of gastric juice. Dry bread, in which the water content is only 34 per cent, produces

short time.

The acidity of the juice is dependent upon the rapidity of secretion and not upon the kind of food. The peptic power of the juice is dependent upon the kind of food; it is greatest for bread, less for meat and least for milk.

The complexity of the secretory process of the stomach is due to an adaptation of the activity of the glands to the quality of the food. Most foods contain greater or less amounts of the elements which stimulate secretion. The energy with which the glands respond by secretion depends upon the amount of stimulating elements in the food. Water stimulates secretion and as a constituent of foods serves to release the chemical stimulating substances mentioned. In addition to these chemical

stimuli, Mazzanti found that the centers for these stimuli do not lie in the brain and spinal cord.

Acidity is greater or less depending upon whether

of mucus or decreased secretion of gastric juice. Certainly there is a physiological equilibrium between the secretion of mucus and the secretion of gastric juice. A disequilibrium between the two se-

properly speaking, its elaboration in the gland cells is governed by special nerve fibers which are not

secretion is continuous. Ciminata came to the conclusion that it is dependent upon the stimulus of taking food into the stomach.

AUDREY G. MORGAN, M.D.

quantity of juice. Some foods (meat, potatoes) cause maximal secretion in the first hour after their ingestion, while



# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Pollosson E and Comte H Chronic Abdominal  
Torsion of the Great Omentum (Torsion ab-  
dominale chronique du grand épiploon) *Lyon chir*  
1925 xiii 573

bandage About three months " " " "  
the authors he began to have increasingly severe

easy liberation of the omental mass in the abdomen  
and solid reconstruction of the wall. Without it  
in the case reported liberation of the hernial sac  
from the elements of the cord would have been  
difficult and tedious. *WALTER G MORRIS M.D.*

## GASTRO INTESTINAL TRACT

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passed through the diaphragm.

re of a lead pencil and the lower end of the

from seven  
the follow  
ing hypothesis seems justified. The peristaltic wave  
starts at a nodal center on the lesser curvature near  
the cardia. The impulse passes down along the  
lesser curvature and as it reaches each point on the  
lesser curvature the entire circular ring at that level  
contracts and the peristaltic wave passes down. At  
the re-entrant angle there is a nodal center for the  
muscular activity of the antrum. Irritating lesions  
on the lesser curvature may cause a persistent con-  
traction of the circular muscle at the level of irrita-  
tion. Excision or destruction of a portion of the  
lesser curvature disturbs the orderly conduction and  
beyond that level peristalsis is weakened. The  
impulse reaches the muscle distal to the lesion by  
passing down along the lateral and greater curva-  
ture. A segmental or sleeve resection is followed  
by a complete block in conduction and the esoph-  
agus is not of an independent rhythm beyond the level  
of the suture line. *MORRIS H. KARY M.D.*

Hartung believes that the determination of the bleeding time will become a valuable method for the differential diagnosis between gastric ulcer and cancer  
 LOENK (Z)

Crohn B B Weiskopf S and Aschner P W  
 The Healing of Gastric Ulcers *Arch Int Med*  
 1926 xxvii 217

In two cases in which partial gastrectomy was performed for gastric ulcer after a preliminary course of medical treatment had been given the specimens removed showed the ulcers to be in the last stages of healing

the regeneration of the muscularis coat In the acute and recurrent acute types of ulcer healing is generally permanent while in the chronic type the healing process is usually incomplete and there is a

this condition any further administration of alkali is harmful

intestinal tract as an inert substance and does not produce alkalosis After alkalosis has been checked the administration of alkali may be continued with caution  
 JOHN A WOLFER M D

Lehmann H Late Results After Gastro Enterotomy in Gastric and Duodenal Ulcer (Ueber Späteresultate nach Gastroenterostomie bei ulceroesen Prozessen des Magens und Duodenums)  
*Monatsschr Klin Wchenschr* 1925 xxviii 509

Lehmann reports the late results in ninety three cases of gastric and duodenal ulcer in which a

author's opinion indicates that the cause of the trouble was not removed Reports on cases of gastric ulcer treated by resection or gastro enterotomy are more or less momentary pictures of the

In the ninety three cases reviewed by the author a cure resulted from the operation in sixty seven

CYRIL J GLASPEL M D

Gatewood I C The Dangers and Safeguards in the Alkali Treatment of Peptic Ulcer *Illinois M J* 1925 xlviii 491

The administration of large doses of alkali in the treatment of peptic ulcer may precipitate nephritis or alkalosis Patients with nephritis are poor subjects for alkali treatment Frequent studies of the blood

character  
 nitro  
 usua  
 in 8  
 treatment was used

Alkalosis may appear even in patients who are not taking alkalies notably those with pyloric or duodenal obstruction This condition is manifested by nausea vomiting and signs of dehydration and in severe cases by coma and an non pro

Balfour D C Fundamental Principles in Surgery of the Stomach and Duodenum Report of 400 Cases *Surg Gynec & Obst* 1926 xlii 167

The author reports upon a series of 400 cases of operation on the stomach and duodenum with an operative mortality of 2 per cent He attributes the

Boas 1 The Diagnosis and Treatment of Diseases of the Stomach (Diagnostik und Therapie der Magenkrankheiten) Ed 9 1915 Leipzig Thieme

Boas excellent handbook has undergone extensive revision and amplification The chapter on

5 When it is doubtful whether the condition is

enterostomy are enumerated Boas regards resection as the procedure of choice The diagnosis

Surgeons will find most interesting the author's views as to the indications for operation For cases

knowledge of none of us can pass the laity also will be more willing to submit to exploratory laparotomy It cannot be too often emphasized that it is the

surgical treatment must be given early In perforation the responsibility for an early diagnosis

suits in isolated cases

Syphilis of the stomach is discussed in great detail

Boas inclines toward radical methods even for benign stenosis of the pylorus and duodenum although experience with resection is still too brief for knowledge regarding the sequelae which may appear later

Boas disapproves of operation for ptosis of the stomach

The last chapter is devoted to gastric neuroses and their treatment

This book is an indispensable aid not only to the internist but also to the surgeon performing operations on the stomach

COLUMB (Z)

Hartung H Investigations on the Bleeding Time in Gastric Ulcer and Cancer (Untersuchungen ueber Blutungszeit beim Magengeschwuer und Krebs) Beitr z klin Chir 1915 cxxiv 403

Method of Duke the

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2 When in spite of systematic treatment and prudent behavior on the part of the patient exhausting hemorrhages occur at brief intervals

3 When the patient's circumstances do not allow his carrying out courses of internal treatment in a systematic manner

4 When in spite of the numerous courses of treatment, continued pain in the stomach particularly at night makes life a burden to the patient and saps his capacity for work or takes away his strength

varies little from the normal

it gives better results but also because on histological examination of resected gastric ulcers an atypical proliferation was found in the margins in 25 per cent.

Determinations of the acidity in 100 cases treated by simple anastomosis and 100 cases treated by radical resection showed practically no reduction in the free hydrochloric acid in the former and almost complete absence of free hydrochloric acid in the latter.

In the last eighty eight cases operated upon the mortality was 3.3 per cent. The decrease may be ascribed to (1) the use of local anesthesia (2) the use of a stitching instrument by which four rows of silver clips may be introduced in two or three minutes (3) improvement in the technique and (4) better teamwork of the operating team.

In the technique now used about two thirds of the stomach are removed the duodenal and gastric ends are closed and the lower end of the gastric

operation failed. As the results were on the whole favorable the author proposes to continue to perform gastro-enterostomy for true cicatricial pyloric stenosis without stoma or callus ulcer and for duodenal ulcer lying too close to the papilla for resection.

2 Unilateral exclusion (von Eiselsberg) eight cases. The operation resulted in improvement in 14 per cent but failed in 86 per cent. There was one death each from inadequate suturing of the duodenal stump hæmorrhage peptic jejunal ulcer and icterus.

3 Wedge excision. This was done in four cases of non perforating ulcer. The results were not satisfactory.

4 Transverse resection twenty six cases. In eight cases death occurred soon after the operation but as three of these deaths can be ascribed to an epidemic of influenza the author reckons the mortality of the operation as 21 per cent. In two cases a second laparotomy was performed on account of adhesions but no new ulcer was found. In spite of the comparatively unfavorable results obtained in this group of cases the author believes that transverse resection should not be abandoned provided the patient is in good general health. When the general condition is poor he recommends preliminary gastrostomy or duodenostomy.

5 Billroth II operation sixty cases mortality 23 per cent. Of thirty four patients examined subsequently a peptic jejunal ulcer was found in only two. The operation resulted in a permanent cure in 78 per cent and failed in 11 per cent. In the re

vicinity of the stoma WILLIAM A. BRAMS, M.D.

Kut ch 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

This report is based on 316 surgically treated cases of ulcer—226 cases of ulcer of the stomach and 90 cases of ulcer of the duodenum. In many of the cases a latent ulcer became active after an attack of influenza.

The roentgen ray proved a valuable diagnostic aid. It gave positive findings in 87 per cent of the cases of gastric ulcer and 91 per cent of those of duodenal ulcer. The author points out however that in some instances in which the roentgen findings were positive no ulcer was found at operation. The percentage of erroneous diagnosis is not given. The results of the various operations are summarized as follows:

1 Gastro-enterostomy. The operation performed was of the posterior type with a short loop and a

loop. A was due to vicious circle and the other to hæmorrhage from the ulcer. A subsequent examination was made of fifty eight patients. No peptic jejunal ulcers were found a fact which the author ascribes to coincidence. In 77 per cent of the cases a lasting cure had been obtained and in 9 per cent there was improvement. In 12 per cent the

procedure (blind closure of the remaining gastric

sac with implantation of the duodenum in a slit in the anterior wall). In these eight cases there were

and carbon dioxide supplemented by block anesthesia

In the technique of the operation success depends upon adequate exposure mobilization absolute hæmostasis and the carrying out of a complete operation The author invariably uses the suction pump to empty the stomach before completing the operation and has found Devine's method of col lap e useful

Rest of the stomach and upper intestinal tract are of first importance In cases of complicated resection fluids by mouth are withheld for as long as four days Balfour uses the stomach tube freely

by it

Bastedo W A The Case Against Indiscriminate Surgery for Peptic Ulcer *Med J & Rec* 1926 LXIII 241

The most important surgical complications of

hæmorrhage and perforation following gastro-entrostomy

He believes that malignant change takes place chiefly in the large ulcers of the posterior wall which adhere to the pancreas too firmly and involve too much of the stomach to warrant the risk of their

ment

In conclusion he states that from 50 to 70 per cent of all peptic ulcers will yield to a course of proper and prolonged medical treatment and that only the others should be considered surgical

EARL G GARDNER M D

De Takats G The Surgery of Gastric and Duodenal Ulcers *An Surg* 1926 LXVIII 217

The author calls attention to the fact that there is considerable difference of opinion as to the method of treating chronic callous ulcer in the absence of definite indications for surgery such as pyloric obstruction acute hæmorrhage or perforation In the clinic of the University of Budapest medical treatment is given in such cases for six weeks but if the symptoms persist or recur surgery is recommended

of operations per	
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the ulcer

In the cases of gastric carcinoma reviewed the

resection

Although peptic ulcer rarely recurs after proper

the cases in which the Billroth I operation was performed and in twenty five of those in which the Billroth II operation was performed. The pepsin

duodenum is the lack of peritoneum in this area while the cause of insufficiency of the sutures in the anterior wall of the duodenum is the pull exerted on the site of the anastomosis by the contractions of the stomach on the third or fourth day after the operation.

Old age and cachexia favor cutting through and insufficiency of the sutures. Even Haberer's method does not give absolute security against suture insufficiency when the patient is old and his general condition poor. On the other hand the Billroth

In twenty-one cases a second operation was necessitated by the development of a gastrojejunal ulcer. In sixteen cases a gastro enterostomy was done with a mortality of 9.5 per cent. Ten of these patients were

ascribable to suture insufficiency.

With regard to the prevention of recurrence of the ulcer the author states that Haberer's procedure is preferable to the Billroth I method. The question

group was 9 per cent. The total mortality of the secondary operations was therefore 13.2 per cent.

The author comes to the conclusion that radical resection is no more dangerous than gastro enterostomy and is therefore preferable as gastro enterostomy frequently must be followed by a secondary operation.

ROSENBERG (Z)

First " " " " " "

Case 630. Duodenal ulcer of 1895.

The author has

the danger of insufficiency of the sutures and primary or secondary stenosis of the duodenum following this operation. For four years the author has been trying to decide primarily from his own experience which method is better. He has decided in favor of the other

The mortality in 146 cases operated upon according to the Billroth I method was 11.6 per cent. In most of the cases the cause of the insufficiency

stomach contents. In the former method a good view of the duodenum may be obtained during the establishment of the anastomosis and there is little danger of the development of an ulcer since the acid stomach contents are already mixed with bile and pancreatic juice.

The author is unable to give a decisive opinion as to the permanent results of resections by the Billroth I method since his use of this method dates back only four years. Up to the present time some of his patients have remained entirely free from

Hook (Z)

Springer E. I. and Marxer O. A. Intestinal Diverticula. *Brit. Med. J.* 1926, 1, 130.

symptoms resembling those of duodenal ulcer. The symptoms can usually be relieved by medical treat

four deaths but in four a permanent cure was obtained. The author reckons the incidence of permanent cure following the typical Billroth I operation as 61 per cent in cases of gastric ulcer and 92 per cent in cases of duodenal ulcer.

7 Closure of perforations forty four cases. In thirty six of these cases the perforation was closed by sutures with or without gastro-enterostomy in

In the past two years the author has not done any

operation to supplement the local anastomosis by

possible

BONN (4)

The Functional Value of Wide

The author has performed 668 resections of the antrum and pylorus for gastric and duodenal ulcer

the last 10 years. In the earlier years forty four cases more  
1 Gastro-enterostomy 2 cent of the twenty  
mortality 68 per cent. In 2 cent operation was a

c  
e  
(  
1

Therefore in a series of gastro-enterostomy unilateral pylorus sleeve resection the mortality was 14.4 per cent and the result unsatisfactory in 31.6 per cent.

Resection of the antrum and pylorus decreases the digestive power of the gastric juice and thereby overcomes one of the important causes of ulcer formation. It decreases not only the free acid but also the pepsin. Moreover by the removal of the very active antrum the stomach is quieted and small erosions are given a better opportunity to heal.

Of 360 specimens obtained by radical resection 260 showed multiple ulcers and in sixty there were more than two lesions.

Radical resection for uncomplicated

Of 117 cases in which a radical resection was done, Billroth I procedure was done in sixty seven, Billroth II procedure in twenty nine and after the operation in fifty six of

juncture of the middle and lower thirds of the poste

Convalescence at first progressed favorably but at the end of three weeks signs of peritonitis developed. Laparotomy was done but the child died at the end of three days.

Autopsy revealed a dilated and hypertrophied colon containing large scybalous masses. The dilatation was limited to the iliac and pelvic colon. The findings were those of acute serofibrinous peritonitis rather than those of acute intestinal obstruction. The author attributes the peritonitis to the effect of the two operations in lowering the child's resistance to the abnormal bacterial decomposition that had always been going on in the intestine.

Jones points out that the deformity described cannot be the result of abnormal fusion of the müllerian cords in the formation of the vagina, as has

lung most frequently begins is affected. In severe

Chronic bronchitis is characterized by exacerbations after

calculus thrombosis and carcinoma superimposed on the ulcers. Subacute or acute perforation of the colonic ulcers may occur. In acute perforation death is practically certain. Weakness the most general complaint is probably due to toxæmia. The symptoms of ulcerative colitis vary according to the site and extent of the lesion. They are more severe the higher the lesion.

Bell that the lower third of the vagina is developed from the mesoderm of the embryo.

WILLIAM J PICKETT M D

LIVER GALL BLADDER PANCREAS AND  
SPLEEN

Potter J C and Mann F C Pressure Changes  
in the Biliary Tract *Am J W Sc* 1926 clvii  
202

When the virulence of the disease or the patient's resistance to it make the condition progressive, mastectomy by the method of Brown is advised. The operation is attended by great risk because only patients in whom the disease is advanced or whose resistance to it is low should be operated on.

" " " " laid to rest quietly and at ease in the desired position. Manometer readings were taken every half minute and in some cases every ten seconds. Records were made on a moving drum. When the effect of food was studied records

Jones R W Imperforate Anus with Megalocolon  
and Terminal Peritonitis *Brit J Surg* 1926  
x:155

The author reports the case of a child 3 1/2 years of age who had a rectovaginal fistula situated at the



ment In intractable cases surgery may be necessary

Multiple diverticulosis of the colon is common The formation of the small hernia is preceded by irritation or inflammation Diverticulosis is frequently associated with an infective state elsewhere particularly tooth abscesses and arthritic changes in the spine This fact suggests that it may be of infectious origin In the late stages it is a source of sepsis

The only reliable diagnostic procedure is X ray examination In some cases there may be no symptoms for long periods of time Half of the authors cases however presented symptoms referable to the diverticula In nearly every instance these were amenable to medical treatment

JOHN A WOLLEY I M

Woolsey G The Question of Gastro Enterostomy in Duodenal Ulcers *Surg Gynec & Obst* 1926 xli 90

Douglas J The Surgical Treatment of Gastric and Duodenal Ulcer *Surg Gynec & Obst* 1926 xli 106

WOOLSEY reports the late results in a series of sixty cases of duodenal ulcer treated by gastro enterostomy The outcome was satisfactory in 90 per cent which is approximately the same percentage of good results as that obtained by British and

I EDWARD BERNHARD M D  
Eusterman C B Treatment Following Operation for Ulcer of the Duodenum and Stomach  
*Surg Gy c & Obst* 1926 xli 161

the minimum Pre operative factors improving surgical end results in cases of benign gastroduodenal lesions are the proper selection of the cases from both a general and a special standpoint and complete examination of the patient It is predicted that increasing knowledge concerning physio-

the use of proper diet and etc immediately after operation for at least six weeks and in certain types of cases for a longer period rests on sound experimental and clinical

cases and as a rule is not serious Gastric acidity is

ulcer gastro-enteric hæmorrhage may be produced by the abuse of alcoholic drinks or unusual exertion

Logan A H Idiopathic Ulcerative Colitis with Special Reference to the Etiology and Treatment *Illinois M J.* 29 6 xlix 111

surgeon and of

isolated from the mucous excreta and the depths of rectal ulcers in practically all cases a

junction of the middle and lower thirds of the poste

both abscesses and infected tonsils and complete remission of the disease has been obtained only when

Convalescence at first progressed favorably but at the end of three weeks signs of peritonitis developed. Laparotomy was done but the child died at the end of three days.

Autopsy revealed a dilated and hypertrophied colon containing large scybulous masses. The dilatation was limited to the iliac and pelvic colon. The findings were those of acute serofibrinous peritonitis rather than those of acute intestinal obstruction. The author attributes the peritonitis to the effect of the two operations in lowering the child's resistance to the abnormal bacterial decomposition that had always been going on in the intestine.

Jones points out that the deformity described cannot be the result of abnormal fusion of the müllerian cords in the formation of the vagina as has been suggested but states that this would explain

cases the entire colon may be affected in a few weeks. The proctoscope and roentgen rays are of great value in the diagnosis.

Leucarditis, thrombosis and carcinoma superimposed on the ulcers. Subacute or acute perforation of the colonic ulcers may occur. In acute perforation death is practically certain. Weakness the most general complaint is probably due to toxæmia. The symptoms of ulcerative colitis vary according to the site and extent of the lesion. They are more severe than in

discovery of Barger's diplococcus the main treatment has consisted in the hypodermic administration of increasing doses of a vaccine filtration of glass of ments as need less the every c. When it resistan. to it make the condition progressive. Stomectomy by the method of Brown is advised. The operation is attended by great risk because only patients in whom the disease is advanced or whose resistance to the metho about a remu than any oth

Jones R W Imperforate Anus with Megalocolon and Terminal Peritonitis *Brit J Surg* 1916 3:155

The author reports the case of a child 3½ years of age who had a rectovaginal fistula situated at the

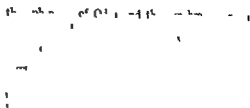
#### LIVER GALL BLADDER PANCREAS AND SPLEEN

Potter J C and Mann F C Pressure Changes in the Biliary Tract *Am J Med Sci* 1926 clxxi 202

the animal was placed in a quiet position and at ease in the desired position. Manometer readings were taken every half minute and in some cases every ten seconds. Records were made on a moving drum. When the effect of food was studied records

was 141 mm in the gall bladder and 117 mm in the duct. The biliary pressure was least when the animal was fasting and greater after the ingestion of milk than after the ingestion of dog biscuit. The pressure in the gall bladder was greater than that in the duct.

The curves of pressure in the common duct



fasting periods

Ischlyama F. Experimental Investigations on the Emptying of the Bile into the Duodenum from the Gall Bladder and Especially Regarding the

Fukuoka 1925 x 61

denum he then performed a gastro-enterostomy and isolated the pylorus using the method of Miyak in order as much as possible to prevent disturbance of the nerve and vessel supply.

On fluoroscopic examination the gall bladder showed movements which may have been peristaltic or the squashing effect of rhythmic constrictions. Barium was ejected from the neck in spurts ap

tion

Atropine and scopolamine decreased or entirely stopped the flow of bile. This effect was more marked when a preceding dose of pilocarpine had increased the flow.

Adrenalin nearly always decreased the bile flow but occasionally increased it.

secretion  
ely how  
that the  
Hence it  
may be assumed that nicotine decreases the internal  
pressure in the bile passages  
Morphine caused a very slight increase in the

temperature is 38 degrees. In temperatures over  
40 degrees and under 36 degrees the gall bladder  
relaxes very markedly. The supplying of oxygen  
to the nutrient fluid is of the greatest importance.

The drugs used to produce narcosis for cholecys-  
tectomy (morphine, chloroform and ether) have no  
noteworthy influence upon the movements of the  
gall bladder.

Platocarpine and physostigmine cause a noticeable  
increase in the muscular tone of the gall bladder  
and at the same time decrease the amplitude of the  
contractions.

Muscarnine increases the muscular tonus only  
slightly and weakens the movements to a much  
greater degree.

The effect of atropine on the gall bladder is rather  
complicated. By small and large doses the move-  
ments are checked and by medium doses they are  
stimulated.

From these findings in dogs with fistula and on  
extirpated but still vital gall bladders the following  
conclusions are drawn.

1. For the flow of bile into the duodenum in

to the dosage. This shows no relationship

3. Nicotine stimulates the contractions to a slight  
degree.

4. Barium chloride causes a strong recovery of  
muscle tonus and contractions even when they have  
been paralyzed by atropine. When it is given in  
large doses it causes tetanic contractions.

5. Secretin stimulates the secretion of both he-  
patic and cystic bile and in the extirpated gall  
bladder increases the tonus. The effect resembles  
that of pepsine.

6. The gall bladder contains as a hormone a  
choline like substance which it excretes into the  
nutrient solution. In the presence of this hormone  
or of pure choline the effect of adrenalin is changed.  
The relation between the dosage of the two sub-  
stances is not clear. In the gall bladder which has  
been completely freed from its serosa adrenalin  
completely inhibits movement.

The action of atropine on the serosa free gall  
bladder is very complicated.

8. The gall bladder includes a rich supply of  
ganglion cells. Presumably these constitute the

more in the gall bladder since the atropine effect  
is variable even when the organ has been freed of  
serosa. However since the structure of the gall  
bladder is very complicated it may be assumed also  
that paralysis of one part of the musculature pro-  
duces contractions in another part. The serosa is  
apparently of great importance to the transit of the  
hormone.

The article contains numerous curves and tables  
and a review of the literature. COLMERS (Z)

Wallace S A and Spiro A. Traumatic Rupture  
of the Hepatic Duct. *Brit J Surg* 1926 xiii 582

The authors report the case of a man who was

showed marked improvement. On the second day  
slight jaundice appeared and gradually became  
deeper. The stools then became clay colored and  
bile appeared in the urine. On the seventh day there  
was evidence of peritonitis with involvement of the  
diaphragm.

Operation revealed in the peritoneal cavity 3 pts  
of fluid containing blood and bile. Death occurred  
during the operation. Postmortem examination

operative risk. The best prognosis is offered by  
early repair of the injury if this is possible.

WILLIAM J PICKETT M D

Wolfer J A. Some Practical Points in the Diag-  
nosis and Treatment of Acute Pancreatitis.  
*Illinois M J* 1926 xlix 14

In Wolfer's opinion infection of the pancrea  
occurs more frequently than is commonly believed.  
The subacute and even the acute type is usually  
mistaken for gall bladder or appendix disease be-  
cause of the acute dyspeptic nature of the symp-

toms It is believed that since disease of the pancreas frequently follows infection of the gall bladder or appendix the correct diagnosis is not often made at operation the symptoms being attributed to the pathological changes in the gall bladder and appendix

There is one type of pancreatitis which not in

becomes involved and the abdomen is open it is necessary to drain either the pancreas or the peripancreatic space

case

3 In most of the cases recovery results without surgical interference insofar as the pancreas is concerned

1  
1

5 In many instances the diagnosis of acute pancreatitis can be made only at operation from the observance of fat necrosis and exploration of the pancreas

6 The pancreas should be explored more frequently in operations for cholecystitis or appendicitis and in the cases of persons who have complained of frequent attacks of acute dyspepsia

7 Drainage of the pancreas or peripancreatic tissue in acute pancreatitis will often result in recovery

reported

When recurrent infection of the pancreas is suspected the prompt removal of infective foci within the abdomen is indicated When the pancreas once

# GYNECOLOGY

## UTERUS

Ford F A A Comparative Study of Radiation and Surgical Treatment for Fibromyomata of the Uterus *Surg Gynec & Obst* 1916 xlii 245

This article is based upon 594 unselected cases of fibromyoma of the uterus some of which were treated by operation and others by radiotherapy. A relatively high percentage of the latter group have required further treatment either repeated radiation (18 per cent) or operation (13.7 per cent) whereas only 4 per cent of the surgical group have received further treatment. It is true however that particularly after roentgen ray treatment

irradiated pelvic tumor is best removed by operation because of the impossibility of excluding adnexal disease.

Others developed malignant disease within two years after the treatment although that in one case may be considered a recurrence of the epithelioma in the abdominal wall at the time of radiation. Malignancy developed also in four patients who remained free from symptoms for three years following the treatment. This may not be a higher incidence than that of malignant pelvic disease in all women at the same age (1.1 per cent) but it

is in order that more data relative to this subject

will be available. In the cases reviewed there was one death a mortality of 0.9 per cent following the application of a small amount of radium. There were also two surgical deaths constituting a mortality of 0.8 per cent but one of these must be attributed to the primary operation the removal of a ruptured appendix.

Miller C J Conservation of the Uterus in the Surgery of Fibroids *South W J* 1916 xiv 10

Myomectomy is possible in from 12 to 14 per cent of cases of uterine fibroids.

It is contra indicated for multiple large growths degenerating growths and fibroids with associated adnexal disease.

It is always indicated when it can be done in the cases of women under 40 years of age.

From 85 to 90 per cent of women subjected to myomectomy menstruate normally after the operation and in the cases of those who do not or in whom the growths recur a second operation can usually be avoided by radiation.

After myomectomy from 28 to 30 per cent of women conceive.

The most satisfactory results are obtained in cases of single subperitoneal or interstitial growths but multiple growths of all types may be safely removed provided a careful technique is used and perfect hæmostasis is secured.

The abdominal route is the most satisfactory. The best time for the operation is immediately after a menstrual period.

Schroeder R Ovarian Changes in the Presence of Hydatid Mole (Die Ovarialveränderungen bei Blasenmole) *Arch f Gynaek* 1925 cxiv 654

Following a review of the literature on the occurrence of cystic ovarian tumors in cases of hydatid mole the author reports another case with special consideration of its relationship to the commonly observed picture of hydatid mole and the formation of lutein cysts of the ovary. The patient was a 30 year old woman whose last menstrual period occurred three and one third months previously and was preceded by amenorrhœa for about five and a half months. Examination revealed in the pouch of Douglas behind the gravid uterus a cystic and almost immovable tumor the size of a fist. On the appearance of symptoms indicating incarceration of the tumor a laparotomy was performed. This revealed a polycystic pseudomucous tumor extending

out of the pouch of Douglas to the right of the uterus  
of the left

## ADNEXAL AND PERIUTERINE CONDITIONS

Forgue and Crousse Broad Ligament Inclusions  
(De l'inclusion intraligamentaire) *Gynec et obst*  
1925 et 1927

ment

peritoneum It is dependent upon the

gressive stages of a corpus luteum now  
missing

These ovaries differed from the normal ovaries of  
pregnancy chiefly in the fact that the influence  
which in the normal ovary restricts the ripening of

distorting the bladder thus connection the ascent of the bladder and  
the level

ties to the surgeon especially in the case of a  
cystoma and potentially malignant When the tend  
ency to lateral development is great extension  
occurs along the hypogastric vessel toward the  
peritoneum posteriorly is soon blocked

stimulated

Another peculiarity in the ovary is the trans  
formation of the follicles into the corpus luteum

some cases surrounding and en  
serous peritoneum from the wall of these struc

younger

growth had been relatively recent

The stimulus to the luteal change was believed  
to be in the tumorous and therefore abnormally  
functioning trophoblast the hydatid mole

viscera the surgeon should be aware of the  
placement of the ureters the upward displacement  
the distortion of the rectum and  
of  
by

In the case of fibrous tumors primary in the broad ligament, the uterus is pushed over but not distorted the uterine artery is pushed downward and com

pose vein or a tubal pregnancy or of operation The natural tenacity of the layers of the ligament opposes the bleeding Intraperitoneal rupture may follow

Parasitic cysts of the broad ligament are probably always the result of the direct migration of parasites from the bowel A correct diagnosis is rare Echinococcus invasion is fatal Operation should be performed by the abdominal route

found beneath the tumor The lower angle of the bladder may be pushed up and lie on the anterior surface of the tumor

They arise more frequently near the base of the

truding on the vagina Tumors originating in the bases of the broad ligaments are apt to be more vascular than those of the uterus

present of the ovary has been proved in only a very few cases

Tumors of the broad ligament occur interstitially in the substance of the ovary and can occasionally be shown to communicate with the debris of the wolffian tubules They are generally of moderate size and nearly always unilocular with smooth thin walls and serous contents They usually originate high in the broad ligament

They occur following torsion or trauma and rarely without any apparent cause Mucoid cysts occurring in the broad ligaments are as a rule of ovarian origin but occasionally are independent

Tumors of the broad ligament may occur as a result of subperitoneal rupture of the uterus a vari

relation to the uterus sounding the uterus draw

abdomen are elevation of the cervix and elevation

Several factors have contributed toward the improvement of the surgical treatment of these con

inspection should be made to distinguish true from false inclusions Careful and complete palpation should be done A cyst may be punctured if necessary Pseudo inclusions should be gently freed and

posterior extension

When removal appears difficult an initial hysterectomy may be indicated as opening the best route



of approach. This will allow removal of the growth from below upward, simplify the discovery of a plane of cleavage, allow early and complete hæmorrhage, and facilitate peritonization. In some cases simple enucleation will suffice.

When the peritoneal incisions are made over the tumor the blood supply must be taken into account. The region of the tube generally contains large vessels. Where the extension is posterior beneath the mesenteries the incision should roughly parallel the loop of bowel at some distance from it in such a manner as to allow control of the vessels. The

which the true plane of cleavage is found at some depth. Blunt dissection with the fingers or gauze is best. A goiter probe may be of value. It may be

wise to empty part of a cyst and introduce the finger or to use Doyen forceps on the freed portion of a fibrous tumor.

Hæmorrhage is more liable to complicate the removal of fibromata than the removal of thick-walled cysts. In its prevention it is important to find the true plane of cleavage and to determine in advance the true vascular pedicles, particularly the utero-ovarian pedicles which may be difficult to find. It is wiser to remove the uterus at the start, insuring hæmorrhage than to do so after hæmorrhage becomes impossible by other methods. The different dis-

## OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

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The author's experiments were carried out to determine whether the increased tissue fluid present in normal and hydropic pregnant women can be demonstrated by a change of posture and the use of a scale similar to the Mosso scale. The scale used

about 14 gm of tissue fluid from the lower to the upper half of the body within a period of an hour. In the cases of twenty-seven hydropic pregnant women an average of 346 gm of fluid had shifted after one hour and an average of 837 gm after two hours.

In the cases of non pregnant women no shifting of the tissue fluid was demonstrable. In the cases of non hydrotic pregnant women the average weight of the shifting fluid increased with the progress of the pregnancy.

The dispersion of the tissue fluid ceases within the first one and a quarter hours. This shifting

head is dependent upon the severity of the hydrops

The dispersion of blood toward the head as described by Fick also occurs during the change from the upright to the horizontal position but equilibrium is re established within five minutes. The dispersion of blood increases with the progress of the pregnancy.

The scale is a useful aid in differentiating hydropic from the non hydropic pregnancy in cases in which there is an increase in weight of more than 250 gm.

SCHMID (5)

**Scheme (G)**

Hofbauer J and Gelling E M K. Studies on the Experimental Production of Premature Separation of the Placenta. A Preliminary Communication. *Bull Johns Hopkins Hosp* Balt 1964 xxviii 143

From experiments in which they injected histamine intravenously or intracardially into guinea pigs and cats the authors conclude that premature separation of the placenta may be due to the sudden access of histamine to the circulation of the mother.

ROLAND S. CROW, MD

ROLAND S. CROY, M.D.

Wagner G A Deaths Due to Heart Failure in Pregnancy and Labor (Herztode bei Schwangeren und Gebarenden) *Med Klin* 1025 vii 1107

It is difficult to understand how in contrast to the pessimists who report mortality rates of 39 to 82 per cent from heart failure during pregnancy others report a mortality of 0 to only 2 per cent. Experience at the Gynecological Clinic at Prague has shown that heart disease is a serious condition. For a true realization of the seriousness of a cardiac defect in pregnancy, it is necessary to study the severe cases as was done by Freund. One who has only a small series of cases is not in a position to discuss the subject.

In the period from 1917 to 1925 in the Prague Gynecological Clinic heart disease was found in

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

blood pressure and the intra abdominal pressure rise abruptly with every pain and the act of expulsion affects the position of the thorax and the diaphragm

Additional dangers threaten the patient with heart disease during the puerperium—not from hemorrhage due to atony as is so often claimed—but from the variation in the pressure due to the evacuation of the abdominal cavity and the consequent dispersion of large amounts of blood into the splanchnic area. Frey regards this as the chief danger of the entire pregnancy and labor. There-

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who died seven had mitral stenosis alone

The unfavorable influence of a congenitally narrow aorta may also be very great. Of chief importance however is the condition of the heart muscle (Frey, Fromme, Kautsky and von Jaschke). Therefore in judging the danger to which a woman with heart disease may be subjected during preg-

en dying during pregnancy or the puerperium was confirmed in the study here reported as this condition was found in all of those dying from valvular defects. Less marked cardiac defects may end fatally when they are aggravated by some other condition such as nephritis, pneumonia, or lues.

In order to give better advice and protection in individual cases it is more important to keep in mind the unfavorable complications that may be

No attempt is made to feed solids by mouth but the patient is urged to drink fluids even if she is vomiting freely. She is allowed any liquid she may fancy except tea, coffee, milk and cocoa.

This treatment usually results in such marked

**Stolper L.** Appendicitis and Pregnancy (Appendicitis und Graviditas). *Ben med Wchnschr* 1925 LXXV 1370 1334

pregnancy E. L. CORNELL M.D.

— — — — — Polypeptid

diagnosis and operation performed as soon as indicated.

5. Appendicitis as a complication of pregnancy must be borne in mind on account of the difficulty of its diagnosis.

6. In some cases of repeated abortion the interruption of pregnancy may be explained by a com-

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SCHMID (C)

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ing the first days of the puerperium. The increase in the polypeptids was especially marked. It is evident that this increase is caused by the resorption which occurs during puerperal involution, since a similar increase is found regularly during the resorption of

sent remained unchanged. Even though these investigations confirmed the findings of Huebner and Strauss regarding the increase in the polypeptid content of the blood during the toxæmia of pregnancy, the relationship between this increase and the rise in the blood pressure remains obscure since

ues and the edema fluid even more polypeptids than are present in the blood and that after the phlebectomy these are returned to the blood stream.

The question as to whether the accumulation of higher protein cleavage products in the blood and tissues is the cause or the result of eclampsia cannot yet be answered.

SCHLOSSMANN (Z)

Mussey R D. Observations on the Treatment of the Edema of the Toxæmia of Pregnancy with Ammonium Chloride. *Am J Obst & Gynec* 1926 x 222

The excessive increase in weight in cases of toxæmia of pregnancy is due usually to the retention of fluid in the tissues. This retention is not always

The increased excretion of urine and decrease in the edema with resulting loss of weight probably

questionably shortened and in all probability more severe residual nephritis was prevented.

The resemblance

Dorsett L. The Intramuscular Injection of Magnesium Sulphate for the Control of Convulsions in Eclampsia. *Am J Obst & Gynec* 1926 x 227

The intramuscular injection of a 25 per cent magnesium sulphate solution in 15 ccm doses will control the convulsions of eclampsia. Fifteen cubic centimeters as an initial dose is not toxic.

This method of treatment not only relaxes the patient but decreases the intracranial pressure by relieving the cerebral edema, stimulates diuresis

L I CORNELL M D

Butler P F. Pyelitis in Pregnancy. *Am J Roc Genol* 1926 xv 144

This article is largely a presentation of the injection method for the study of pyelitis in pregnancy. A brief consideration of the incidence of the condition, the infecting agents, the symptoms and the treatment is followed by more detailed discussion of the technique and the value of pyelography and ureterography as practiced routinely by the author for about two years. The method described is regarded as especially adapted to the pyelitis of pregnancy because it consists in drainage and lavage accomplished at the same time that the diagnostic study is made. It gives far more accurate information than can be obtained from urine examinations alone and demonstrates not only the presence of pathological changes but often the anatomical extent of the lesion.

As a result of such study the author divides cases of pyelitis into three anatomical types: (1) those

calculus from continued infection and increased pressure and (3) those with true destruction of the kidney substance.

calculus from continued pressure, plugs and mucus are usually present. Drainage with lavage of the renal pelvis is indicated. Hexamethylenamine may be beneficial.

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ing later demand careful investigation and early treatment

3 The treatment is very simple and effective catheterization alone is usually sufficient

4 A careful prenatal study of cases will disclose the condition early

5 Cooperation between the roentgenologist and urologist reveals the entire picture

ADOLPH HARTING M D

### LABOR AND ITS COMPLICATIONS

Williamson H C The Application of the Forceps to the Transverse Head for Delivery of Persistent Occipitoposterior Cases 4m J Obst & Gynec 1925 xxx 37

takes place spontaneously in most cases and in the others very easily Rotation should always be complete before traction is made

Extraction is the same as in any other anterior head position

One hundred forceps cases treated by this technique are reported

E L CORVALL M D

Bell B The Technique of Suture of the Uterus After Cesarean Section J Obst & Gynec Brt Emp 1925 xxxii 727

Bell is ever striving to find a better method of closing the cesarean incision In this article he describes by text and drawing a procedure that

uterine wound

The second stage consists in the closure of the middle and superficial parts of the musculature of the incised uterus This is accomplished by utilizing for a further series of more superficial mattress su-

tures the long ends of catgut left after the first layer of mattress sutures has been tied In this way all of the divided musculature is brought together to

adhesions and produces a firm strong uterine scar  
HARVEY B MATTHEWS M D

Stoeckel W The Pathology and Treatment of Postpartum Hemorrhage (Pathologie und Therapie der Nachgeburtsblutungen) Arch f Gyn 1925 cxxx v

hemorrhage in normal and pathological conditions The coagulation of the blood also requires further study

erics

Evidences of placental separation the management of the third stage of labor fatalities due to hemorrhage due to uterine atony the treatment of the pathological third stage of labor severe post partum hemorrhage palpation and manual separation of the placenta and the management of the normal third stage of labor are discussed It is therefore clear that in a short abstract not even a cursory review can be made of such a mass of material

grossa layer in two tables reference is made frequency of placenta accreta or separation of the adherent placenta and as a result there is the

placenta  
can be  
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part

The methods of compressing the aorta and the engorgement of the placenta according to the Mojon Gabaston method are described in detail

Stoeckel's statements regarding manual separation

From 1922 to 1931 the tests were made in 994 cases. The results of the precipitation test were the same for the blood from the arm vein and the retroplacental blood but this was not the case with the Wassermann test which in the retroplacental blood in 3.7 per cent of the cases was inhibited by non specific disturbances. Consequently the Wasser-

very brief

This paper by Stoeckel is the first exhaustive presentation of the normal and pathological third stage of labor since the work of Ahlfeld.

SCHMID (G)

### MISCELLANEOUS

Knebel D. M. D. S. — S.

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Serological tests for syphilis were carried out systematically on all of the patients admitted to the hospital.

tion of it are positive

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placental blood but as it soon became evident that in the retroplacental blood this test was inhibited by numerous non specific factors the Meinicke precipitation test the Sachs Georgi test the Hohn test and the Wassermann test were thereafter made simultaneously.

In cases of this type it might be wise to remove the diseased kidney after the birth of the infant

The main points made in the article are summed

ing later demand careful investigation and early treatment

3 The treatment is very simple and effective catheterization alone is usually sufficient

4 A careful prenatal study of cases will disclose the condition early

5 Co-operation between the roentgenologist and urologist reveal the entire picture

ADOLPH HARTUNG M D

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HARVEY B MATTHEWS M D

Stoeckel W The Pathology and Treatment of Postpartum Hemorrhage (Pathologie und Therapie der Nachgeburtsblutungen) *Arch f Gyn* 1925 cxxv 1

tudy

Stoeckel was able to collect a vast amount of data regarding the normal and pathological 4th stage of labor by means of questionnaires which he sent to the leading obstetricians of Germany Austria Hungary Switzerland and the Scandinavian countries Eighty three replies received 1474 deliveries

Evidences of placental separation the manage

therefore clear that in a short abstract with cursory review can be made of such a mass of material

uterine wound

with closure of the

quency of the true placenta accreta is rare

The methods of compressing the cord and the engorgement of the placenta according to the Mojon Gabaston method are described in detail

parallel with the spinal column that the kidneys occupy a median position almost in contact with

its ureter is implanted higher. He believes that in

unites the two kidneys is visible

In the first case reported by the author fluoroscopic examination with the patient in the erect position with dorsoventral projection showed far down the shadow of a renal calculus which moved from above downward during respiration and from within a

**Sears W G Congenital Cystic Disease of the Kidneys Liver and Pancreas** *Guy's Hosp Rep* Lond 1926 lxxvi 31

The author reports a case of congenital cystic disease of the kidneys associated with cysts in the

in the kidney shadow toward the midline  
**AUDREY G MORGAN M D**

**Bianchetti C F Hydronephrosis in a Solitary Horseshoe Kidney on the Right Side Heminephrectomy Recovery (Idronefrosi destra in rene unico a ferro di cavallo eminefrectomia guangone)** *Arch ital di urol* 1925 ii 57

The case of hydronephrosis was had a resection which was smooth and fluctuant. No pedicle could be felt. Examination of the urine was negative. The dialysis

or six times a day

On physical examination the heart and lungs were found normal. The liver extended 1 in above the umbilicus and its surface was slightly irregular. A large tumor in the left loin was identified as the left kidney. An enlarged right kidney was also made out. The Wassermann test was negative and the blood count was normal. Urea was in the urine which contained albumin and bacteria but no sugar or casts. The daily output of urine was 30 oz.

The patient gradually became weaker and mentally confused. Just before his death uræmic twinges occurred.

At autopsy the liver was found to be enlarged

portions of the liver between the cysts were normal. Small cysts were found also on the surface and within the interior of the pancreas. None of these was larger than a large nut.

and a lumbar incision was made. The right kidney was found hydronephrotic and on dissection its lower pole was found connected by a broad isthmus with the lower pole of the opposite kidney. The right kidney was resected and the wound partially closed. Uneventful recovery followed.

The horseshoe kidney seems to be more predisposed to develop hydronephrosis because

young infant and (2) in the adult over 40 years of age. As it may occur in the female



# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Richards A N The Function of the Kidney

Tests in  
Colorado

adjusted to the excretory needs of the body is

glomerulus

catheterization and x ray examination showed no stones but some form of obstruction of the vesical neck and varying amounts of residual urine

The theory is advanced that the attacks of colic were due to regurgitation of urine in the ureters caused by the obstruction at the bladder neck. The occurrence of regurgitation was not proved by cysto ureterograms but the symptoms were promptly and entirely relieved by dilatation of the neck of the bladder

HENRY L SANFORD M D

Nichols B H Pathological Conditions of the Kidney Considered Roentgenologically South Af J 1926 xv 6

and calyces

may mean compensatory hypertrophy for a pathological small kidney. Variations in the shape of the kidney are produced by tumors hydronephrosis and anomalies. A movable kidney can be readily determined by comparing pictures made with the patient in the reclining and upright positions. The density of the renal shadow may be changed by calculi calcification associated with tuberculosis

Possati A The Roentgen Picture of Fused Kidney (Il rene fu o nel quadro radiologico) Arch ital di ur 1925 ii 3

JOHN C CHEETHAM M D

Lewis B Urinary Regurgitation and Renal Colic J Urol 1926 xv 189

The author reports a series of cases in which there was a history of typical attacks of renal colic suggesting the passing of a ureteral calculus. Ureteral

has  
the  
the  
are

Hager B H A Contribution to the Etiology of  
Calcareous Pyelonephritis *J Urol* 1926 xv  
133

Deposition of the alkaline inorganic  
salts in the renal pelvis and calyces is similar to that  
of the production of encrusted cystitis with free  
floating stones in the bladder by the action of salmo-

produced experimentally in animals. The mech-  
anism by which calcareous deposits and free cal-  
careous masses are formed in the bladder is similar  
to that of the formation of renal calculi in certain

supernumerary penis complete epispadias  
and calcareous pyelonephritis in which the salmo-  
nella ammoniae bacteria were isolated and the finding  
agreed with the chemical and experimental data  
obtained in a study of alkaline encrusted cystitis.  
He believes that in this case the patient was suffer-  
ing from pyelonephritis prior to his infection by the  
salmonella ammoniae bacteria.

Whether the bacteria make their ascent through  
the lumen of the ureter or by way of the ureteral or  
perineureteral lymphatics cannot be stated.

C TRAVERS STERITA M D

Kilbane E F Ectopic Ureteral Openings Sur-  
gical Significance and Treatment *Surg Gynec*  
& Obst 1926 xlv 32

Kilbane reports two cases of supernumerary  
ureter with an ectopic opening and reviews the  
cases that have been reported in the literature. With  
reference to the male he states:

Ureters may pass through the duct  
only to open into the urethra or vagina or  
the external genitals. These anomalies com-  
monly differ from the normal ones in that  
the opening is at a lower level than the normal  
one.

One of the most important points to be re-  
membered is that the Wolffian duct of which the  
separate invagination into the developing kidney

blastema. This theory explains the formation of a  
complete ureteral duplication but does not explain  
an incomplete duplication. The development of an  
anomaly of the latter type may be explained by  
precocious branching of the original evagination  
before the distal ends become embedded in the  
nephrogenic tissue the point of juncture of the two  
ureters depending upon the period of embryonic  
development at which the division of the ureteral

normal amounts in response to the normal impulse  
of a filled bladder and with complete relief on com-  
pletion of the act.

The history alone should lead to a diagnosis but  
apparently the condition is unrecognized for years.  
In most instances the patient is greatly humiliated  
by the deformity and subjected to very definite  
social and economic handicaps.

In the male the condition usually remains unrec-  
ognized unless the existing hydronephrosis is com-  
plicated by infection when fever, pain and swelling  
occur.

Only two cases have been diagnosed during life.  
In one of these the condition was recognized by  
Chute during operation and in the other was diag-  
nosed by Day before operation.

In the author's first case the supernumerary ureter  
opened near the external urinary meatus and the

ureter

LOUIS GROSS M D

Simons I Ureteral Kinks *J Urol* 1926 xv 29  
Livermore G R Ureteral Stricture *J Urol*

1926 xv 45  
Hunner G L and Wharton L R The Patho-  
logical Findings in Cases Clinically Diagnosed  
as Ureteral Stricture *J Urol* 1926 xv 57

SIMONS states that in cases in which a ureteral  
kink is suspected the X-ray examination should  
include:

1 A picture of the entire abdomen and pelvis  
with both roentgenographic catheters inserted to  
the renal pelvis and without the injection of opaque  
fluid into either catheter.

2 A picture of the entire abdomen and pelvis  
with the upper urinary tract of one or both sides  
injected from below the catheter tips being in the  
renal pelvis.

3 A picture of the entire abdomen and pelvis  
with the upper urinary tract of one or both sides  
injected from below with the catheter tips being in  
the pelvic portion of the ureters.

and other abnormalities such as meningocele hydrocephalus polydactylism club foot etc. These associated abnormalities are less commonly found in adults than in infants possibly because their pres-

of the urinary tract caused by stones new growths or strictures

The condition may be acute or chronic. The infection is practically always carried through the blood stream

#### symptoms

2 The stage of renal tumor This stage may be

kidney pelvis preferably with a 1 or 2 per cent sodium nitrate solution is indicated from one to ten lavages may be required. In the cases of children considerable attention must be paid to the gastro-intestinal tract

Although alkalis have no specific action their use plus the intake of large amounts of water is very valuable MAURICE MELTZER MD

Scott W J and Leonard V. Hexylresorcinol in the Treatment of Pyelitis of Infancy and of Childhood. *Am J Dis Child* 1926 xxx 241

Hexylresorcinol is a stable chemical compound

Hundley J M Jr. Pyelitis in the Female. Analysis of Cases. *J Am Med Ass* 1926 lxxix 603

The author defines pyelitis as an inflammation of the mucous membrane of the pelvis and calyces of the kidney. In pyelonephritis the process is more advanced and in addition there is an infection of the renal parenchyma. Both conditions are usually

reduced

Sodium bicarbonate with water should not be given in conjunction with hexylresorcinol but may be administered in alternating courses. The treatment should be given for three or four months and should be continued for one or two weeks after the urine has become sterile.

The authors report several cases in which the general condition improved before the urine showed sterility. Certain resistant

17 of 140  
15 was the  
to grow  
at of cases

evidence of renal insufficiency or marked urinary infection

In cases of periurethral abscess the abscess should be drained and internal urethrotomy performed

later

The danger of hæmorrhage in internal urethrotomy has been exaggerated. The results of the operation are extremely satisfactory

for four days Postoperative dilatation is essential  
JOHN G. CREEHAM M.D.

Young H. H. and Shaw E. C. Urethral Diverticula. *South M. J.* 1926 XLV 42

which occurred when he attempted to void. Examination revealed a diverticulum of the urethra with its opening just in front of the verumontanum. Under epidural anaesthesia the sac was exposed, gently freed and excised through an inverted incision made in the line of the previous wound. External

the tissue was repaired by two layers of plain catgut. *A. M. N.*

CLAUDE D. PICKRELL M.D.

# GENITAL ORGANS

Walther H. W. E. Prostatitis. Its Role in Focal Infection. *New Orleans M. & S. J.* 1926 LXXIII 493

Walther emphasizes the importance of the prostate, teeth, nose, after, etc., surgery.

Whether or not infection is present in the prostate and vesicles cannot always be determined by rectal

palpation alone since a gland practically normal in size and consistency may harbor a chronic process

tate and vesicles are infected not only by the gonococcus but also by staphylococci and streptococci, the colon bacillus, micrococcus catarrhalis, the pneumococcus and the influenza bacillus.

The treatment consists in hygienic measures to raise the patient's general resistance and prostatic massage every three or four days followed by deep urethral instillations. Diathermy with a special prostatic electrode in the rectum and another electrode on the suprapubic region is extremely useful. In refractory cases the intravenous administration of doses of from 2 to 10 c. cm. of a 1 per cent freshly sterilized aqueous solution of mercurochrome has very often proved of benefit.

HENRY L. SANFORD M.D.

Bumpus H. C. The Preparation of Patients for Prostatectomy. *Surg. Gyn. & Obst.* 1926 LXXIII 182

In the care and preparation of patients with prostatic hypertrophy for operation there are four main

urine is less than 120 c. cm. intermittent catheterization for a minimal period of ten days is usually sufficient preparation provided renal function is adequate. If the amount is more than 120 c. cm. the introduction of a permanent urethral catheter is preferable.

In cases of prostatic hypertrophy, cystoscopy should be avoided if possible since the passage of any rigid instrument will traumatize the urethra.

ment

The most common form of infection complicating the preparatory treatment for prostatectomy is

clear  
with  
those

HUNNER and WHARTON report eight cases of

cases the stricture was due to trauma. In two of this group it followed a gynecological operation and in one the application of radium to the uterine cervix. All of the strictures due to trauma were located in the pelvic portion of the ureter. In two cases the stricture was due to focal infection and in both of these cases there was an illusive ulcer of the bladder.  
J SYDNEY RITZER M.D.

Peck, C. H. The Treatment of Obstructions of the Upper Ureter and Early Hydronephrosis. *Ann Surg* 1926 LXXXII 260

the ureter into the bladder and a catheter was used for five days to act as a splint until the kidney was free from adhesions.

ureters were determined by cystograms. Except in the control animals the sacral nerves were severed on each side after a series of pressure readings had been taken. At intervals of from two to six weeks after the operation observations were made on the intravesical pressure per constant volume. Care was

control was not impaired and there was no residual urine.

Moorhead S. W. Urethral Catheterization Its Pitfalls and Their Avoidance. *Therap. Gaz.* 1926 34 211.

phen  
Before the introduction of an instrument the

Huddy G. P. B. Some Considerations of the Operation of Internal Urethrotomy and the End Results Thereof. *Brit J Surg* 1926 XL 458.

This article reports a study of 109 cases of internal urethrotomy performed at the London Hospital during the years 1921 to 1924 inclusive. The author discusses the evolution of the successive methods and the indications for and contra-indications.

# BLADDER URETHRA AND PENIS

Potter J. C. The Effect of Section of Both Sacral Nerves on Intravesical Pressure. An Experimental Study. *J Urol* 1926 XL 197.

Wesson M B Industrial Hernia Versus Seminal Vesiculitis and Vaginitis *California & West Med* 1916 XLV 212

This article is based on a series of forty seven cases of vaginitis seen by Wesson during the past two years. Most of the patients were referred to him by insurance carriers for an examination report and opinion with the statement that a hernia operation had been advised. The condition had been

pus mixed with spermatozoa cellular detritus and gonococci

the inguinal rings

Practically one third of all men have preformed hernial sacs but particularly if the prostate and seminal vesicles are pathological these should not be subjected to surgery merely because of pain in the groin

Pain in the groin subsequent to a strain is generally due to vaginitis. Epididymitis and vaginitis follow a strain only when the seminal vesicles and prostate are infected

The repair of a relaxed inguinal ring will not relieve pain due to a tender inflamed spermatic cord and a herniotomy in the presence of an acute vaginitis is associated with danger to the future function of the testis

Blood in the ejaculations is pathognomonic of seminal vesiculitis and does not occur following trauma or rupture

Prostatitis and seminal vesiculitis are very common occurring secondarily to non venereal as well as venereal infections

Pus without organisms in the urine usually indicates either tuberculosis of the kidney or prostatitis

Seminal vesiculitis is commonly confused with hernia appendicitis sacro iliac diseases spondylitis and sciatica

In his conclusions the author says that when the definition of traumatic hernia originally promulgated by the California Industrial Accident Commission is generally accepted by the members of the medical profession and when lawyers and labor leaders become convinced of the wisdom of accepting medical facts instead of industrial theories one of the greatest abuses of the compensation law will be remedied. As soon as hernia is eliminated from consideration as a cause of acute pain in the groin and testicle the diagnosis of vaginitis will become comparatively common

LOUIS GROSS M D

Calvarico R A New Method of Anastomosing the Vas Deferens and the Testicle (Di un nuovo metodo di innesto deferente testicolare) 1925 Naples Fronti

In gonorrhoea

the  
often  
the  
of the tubules in the epididymis. The fluid contains

toxic function for many years

The treatment of bilateral obliteration should be preceded by diagnostic needle puncture of the testicle to determine whether normal cells are present or not. If fatty degeneration has occurred surgical treatment offers no hope of cure

In the operation described by the author the obliterated portion of the vas and epididymis is removed and the split vas deferens is united directly to the testicle

Five cases treated in this manner are reported. In all active sperm was found after the operation

KELLOGG SPEED M D

The author reports a case seen by Tirumurti. The

The situation of the left testicle was never definitely known. In spite of his anomalies the patient contracted both gonorrhoea and syphilis. For several months thereafter he had severe lumbar pain radiating downward and soon experienced definite lumbar colic accompanied by vomiting and haematuria

Some time later an epigastric tumor the size of a

Cystoscopic examination revealed a hyperaemia

one or the other procedure have been advanced. However careful analysis of the statistics shows that the results of one method cannot be used to the discredit of the other.

efficient

attention to a sufficient

gradually the method for continuous gradual emptying of the bladder is one in which a urethral catheter is at

table is lowered

A careful record must be kept of the fluid intake and output. A minimal output of 2500 c cm is imperative. If the oral administration of fluids does

**Hunt V C. The Treatment of the Surgical Patient Handicapped by Urinary Obstruction.**  
*Surg Gynec & Obst* 1926 vii 187

In 1890 Belfield reported a series of 133 cases in which the prostate was radically removed. The series included forty one perineal and eighty-eight suprapubic operations. The mortality in the cases in which the perineal operation was performed was 9.7 per cent while that in the cases treated by suprapubic operation was 13.6 per cent. Restoration of function was equally satisfactory following each type of operation but occurred in only 71 per cent

operation was 7.5 per cent. A review of the clinical course and the autopsy findings obtained in 85 per cent of the cases shows that 50 per cent of the deaths were due to pre-existing and co-existing disease, 4 per cent to surgical accidents and complications.

played there was only one death.  
CARL S. WILLIAMSON, M.D.

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS, ETC

Rohde M C Does Bone Form from Osteoblasts or from a Metaplasia of the Surrounding Connective Tissue? *Surg Gynec & Obst* 1925 xli 740

In experiments on rabbits cats and dogs Rohde studied the regenerative powers of one tissue at a time by excluding the others From the findings of careful X ray examinations made at various intervals and of cytological examinations he draws the following conclusions

1 Periosteum, including cambium and adventitial layers plays the most important role in the regeneration of bone

2 Marrow and endosteum play a lesser role which is contributory to that of the periosteum but not sufficient alone for bone union

3 Compact bone (cortex) denuded of periosteum marrow and endosteum does not take part in bone formation

4 Bone regenerative processes are dependent

5 The connective tissue elements of the periosteum the marrow, and the endosteum and the

6 septa the tendons the fascia or the subcutaneous tissue

7 Heterotopic bone formation in soft tissue occurs from the unused mesenchyme cells which become active as the result of trauma infection toxic stimulation or a disturbance of metabolism

CHESTER C SCHNEIDER M D

Nissen R Fibrous Replacement of Bone Marrow Findings in Experiments with Parabiosis (Ueber fibrosen Knochenmarkersatz unter Benutzung des Parabiosversuches) *Deutsche Zeitschr f Chir* 1925 cxi 197

Nissen reports experimental investigations regarding the nature and genesis of fibrous and cystic changes in bone marrow In parabiotic and individual rats he first attempted to determine the morphological change occurring in an artificially

produced effusion of blood in the bone marrow The medullary hæmatoma was produced by introducing a syringe needle of medium size into the marrow at a point between the femoral condyles exposed by marked flexion of the knee destroying the medullary tissue by turning the needle several times and flushing out the destroyed cell matter with the syringe

In the cases of healthy animals the reformation

periments

In five pairs of parabiotic rats the destruction of the marrow was done immediately after the operation At necropsy after spontaneous death neither the hyperæmic cachectic nor the anæmic fat animals showed variations from the normal in the regeneration processes

In six pairs of rats showing the first signs of parabiotic poisoning the destruction of the bone marrow was done in the hyperæmic animals which were injured by the poison Necropsy after spontaneous death showed that in certain animals retardation of the coagulation of the blood—an essential preliminary to the regeneration of tissue—occurred in the cavity formed by the destruction of tissue It revealed also that the effused fluid was surrounded by dense connective tissue and that the progress of the proliferative processes of bone marrow and connective tissue was greatly retarded The organization of the effused blood occurred chiefly in the thick

effusion cavity in a metaplastic manner by the



left kidney showed a marked deviation of the left ureter in the pelvic portion. The injection of sodium bromide through the ureteral catheter demonstrated a left hydronephrosis.

study the urinary tract at autopsy to check their clinical interpretations. They themselves studied forty six fresh autopsy specimens of the entire urinary tract removed *en masse* bearing in mind the differences of opinion as to what constitutes increased pelvic capacity. In each case bilateral uretero-

In conclusion the author discusses the classification of tumors of the testicle giving both Tanner's and Kaufman's lists, briefly reviews the recent literature and statistics and supplements his article with a bibliography. KELLOGG SPEED M.D.

#### MISCELLANEOUS

The authors emphasize that it is of the utmost importance for the urologist and roentgenologist to

pelvis and calyces ranged from 5 to 13 c cm. with an average of 8 c cm.

The ureter, pelvis and calyces that appeared

#### cal changes

Inflammatory strictures of the ureter were found in 9 per cent of the specimens. In one case they were bilateral and in another they were multiple. It was noted also that when increased intrarenal pressure was produced by injecting the pyelographic media under pressure the solution was forced into the cortex without extra dilatation of the ureter or renal pelvis. C. TRAVZES STEFITA M.D.

Faulty alimentation is a very important factor in the production of arthritis. Pemberton found that persons with faulty alimentation have a lowered sugar tolerance and a sort of carbohydrate intolerance and that in many such cases improvement resulted when this imbalance was corrected.

Osgood believes that any factor causing debility or loss of tone in a joint such as exposure to wet and cold, intestinal disturbances and endocrine imbalance is a predisposing cause. He regards

Malum coxae senilis presents a special orthopedic problem. The pain and discomfort are relieved by the application of a stiff spica or other protective appliance.

al intercostal or sciatic pain

resistance

Aspirin and salicylates are indicated only to relieve pain. Heliotherapy, massage and fresh air benefit.

The duty of the orthopedic surgeon is to prevent deformity by the use of apparatus, walking splints, weight and pulley traction, etc., to prevent contractures. In arrested cases, synovectomy has some times proved beneficial.

Spondylitis deformans is a form of rheumatoid arthritis in which there is gradual ossification of the intervertebral discs.

various positions, exercises and the use of braces and corrective jackets.

Osteoarthritis is caused less frequently than

Ryerson, E. W. *Certain Diseases and Injuries of the Spine in Adults*. *South M J* 1926 xiv 34

Ryerson states that the most common cause of back pain in adults is osteoarthritis. The lumbar region is most frequently affected, especially the lumbosacral joint. Involvement of this area is the

Because of the almost vertical position of the lumbosacral region, osteoarthritis in this area may become very disabling. This is especially apt to be

cervical region present a far greater hazard

DANIEL H. LEVINTHAL, M.D.

When a metabolic disturbance similar to that

examined microscopically the processes by which this disappearance is brought about are found to be different. RICHARD S. LEACH, M.D.

RUDOLPH S. KETCH, M.D.

Osgood R B The Orthopedic Aspects of Chronic Arthritis *J Bone & Joint Surg* 10:6:1102

rhage is pathological and not purely traumatic

proof that any one organism which invades the joints themselves is alone responsible for the disease.

The findings of aid in the differential diagnosis between rheumatoid arthritis and osteo-arthritis are summarized as follows:

|                      | R h m t f a n h u s  | O s t o r h t a   |
|----------------------|--|---|
| A g l d              | I f y e d d l i f  | M i d d l i f t h g   |
| O t                  | A t t u s  | S u b c a r t y p i n g<br>le   |
| J t m a<br>f t a t   | P u t a t e l s d d a t e l<br>w e t f e t f o<br>w e t f e t f o<br>p h i g l d m t a p o<br>p h i g u t j o i n t l y u<br>v o l d f i r s t | N e r s a l y l e a l r d<br>s u l l y l l r<br>l y r e s u d l i n k l n<br>t a t f m o l<br>l a t e l n b<br>j o i n t u s u a l l y a v o l d<br>f i r s t |
| S o n g m            | G e t h l h u s u b e l o<br>p a m l h b<br>d d b l y p t t y p e  | G e n e r a l b l h s u l l y<br>g r o s s b l<br>t h d p a<br>d i s a b l y l e m a r i d  |
| E l y t<br>g g r a m | N d c b l t d s<br>b u f l d s g n r a l i n s e d<br>d t y f o o t p a t  | E a l l i g h t l p p i n g<br>l m m<br>s o m e o n e h a d n o<br>b e l d y n a l m e n<br>p o u l t   |
| L a t<br>t f o r a m |  | b g d   |

Van Dessel A The Behavior of Sequestra in  
Chronic Osteomyelitis *J B & Joint Surg*  
1936 VIII 194

The author produces chronic osteo velitis in

possible by roentgenograms alone to determine whether the sequestrum is or is not completely separated and that Bancroft was observing the action of chemical and not infected sequestra.

The author's observations show that in the presence of infection completely separate sequestra never unite to the newly formed involucrum or to the old bone. The zone of demarcation between the equestrium and the involucrum persists until the sequesterum has completely disappeared.

Sterile bone (grafts) and infected bone (sequestra) both disappear in the roentgenogram but when

Time t I ly tag ft alghly V rmal  
levanted im lat t ge fi  
Blood p U Hy i w th o mal f At y l low h t  
g by rmal hsh P  
M b f Fa ly Eke t  
h t ig

kylos ra

the base of the skull and brain. In spite of the not infrequent involvement of the sella turcica it is rare to find evidence of pituitary disorder. The X-ray examination is a valuable aid to the diagnosis.

#### D Trochanteric coxa vara

- 1 Destructive disease as in C
- 2 Fracture with malunion

Although coxa vara is not a common condition it is probably the most frequent cause of disability

extension leads to the appearance of the tumor in the hollow of the sacrum with pressure on the rectum. Interference with micturition is also a frequent sign.

to the lower thigh and knee and occasionally radiates to the leg, foot or groin. A limp develops and as the condition progresses the affected extremity becomes shorter, smaller and weaker, tends to turn outward and is limited in its movement at the hip. Both hips may be involved.

In the traumatic type there is a history of a trivial injury resulting in a dull ache with little disability

occipital chordoma occurring in a man 64 years of age

STANLEY J. SEEGER, M.D.

Key J. A. Epiphyseal Coxa Vara or Displacement of the Capital Epiphysis of the Femur in Adolescence. *J Bone & Joint Surg* 29 6 111 53

The deformity in cases of coxa vara may be in the femoral head, the epiphyseal line, the femoral neck, or the trochanteric region of the femur. The condition may be said to be present when the extremity is maintained in a position of adduction or the normal range of abduction is limited by bony deformity of the femur. It may be classified anatomically as follows:

#### A Capital coxa vara

- 1
- 2
- 3

#### B Epiphyseal coxa vara

- 1 Idiopathic
- 2 Traumatic

#### C Cervical coxa vara

- 1 Congenital deformity
- 2 Congenital deformity in old reduced congenital dislocation
- 3 Developmental or constitutional disease (rickets, achondroplasia, osteopsathy)

In the advanced non-traumatic type of case the femoral head is markedly displaced and rotated, the neck is often thickened, the angle of the neck with the shaft appears to be decreased to about 90 degrees, the acetabulum is enlarged in its vertical diameter and the pelvis is deformed on the affected side.

In the early traumatic type of case the head is separated from the neck and lies in the acetabulum, rotated obliquely. The femur is displaced upward and rotated externally so that the upper border of the neck is in contact with the acetabulum and the lower border is embedded in the cancellous tissue of the epiphyseal surface of the head.

In the late traumatic type of case the femoral

In the adult type of case the epiphyseal line can not be seen. The femoral neck may appear elongated



Monberg A Trigger Finger and Its Treatment  
(Ueber schnelle Finger und ihre Behandlung)  
Hosp Tid 1925 LXVI 295

Lae - A - - - - -

11 Aug 1925 LXVI 295

children In nine cases an operation was performed an elliptical piece being cut from the center of the tendon The tendon sheath was not sutured After the operation early movement was instituted

A thickening of the tendon and sheath were found in every case In three cases those of children

results in marked improvement and sometimes in

Smith Petersen M N and Rogers W A Arthrodesis for Tuberculosis of the Sacro Iliac Joint  
A Study of the End Results J Am M Ass 1926 LXXXI 26

The disease is of the

In a series of thirteen cases the physical examination revealed tenderness on pressure over the inferior sacro iliac ligaments and sacrosciatic notch In 92 per cent the pain was referred to that region by the patient In 77 per cent there was radiation pain over the posterior aspect of the thigh and in 62 per cent radiation pain over the posterior aspect of the leg In 60 per cent the range of forward bending in sitting was increased over that in standing In only 38 per cent was pain elicited by compression of the iliac crests Rectal examination is of great importance in these cases

Sixty nine per cent of the patients operated upon have worked at their previous occupations for an average of seven and six tenths months Three have worked more than six years without a local recurrence of the condition and without the development of secondary foci Ninety two per cent have had no pain since the time of operation

There were no deaths resulting directly from the operation One patient died of a secondary infection of an extensive abscess three months after she left the hospital against advice Another patient died of tuberculous meningitis six months after the beginning of Pott's disease which developed a year after she returned

his operative material and includes in his article instructive photomicrographs showing the extensive injuries or changes in the patellar cartilage

In general it may be said that such fissures occur most often in the cartilaginous surface of the patella especially in the center or the region lying along the central longitudinal eminence Macroscopic examination shows the cartilage surface to have lost its smoothness and to present a velvety appearance The diseased areas of cartilage seem swollen and a sensation of fluctuation is noted when the probe is used

According to Buedinger the fissures may extend down to the bone but Laeven has been unable to confirm this finding The fissured tissue may be removed with the knife down to a thin layer

In the case histories reported by Laeven there was mention of more or less injury Microscopic

in several of the author's cases The latter however cannot be regarded as so called free joint bodies While it is true that

changes are limited to circumscribed areas while in arthritis deformans they involve chiefly the edges

and bowed upward with the lower border of the

The treatment varies with the progress of the condition. In cases without displacement the h

tually is lacerated

operation is necessary. The neck must be excised from the head and properly replaced and the hy

articular surface

patients with traumatic lacerations of the hip indicated to osteotomy followed by the application of a hip spica with the limb in abduction, internal rotation and extension. **RODOLPH S. REISS, M.D.**

### SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS, ETC.

**Bauman C. I. and Campbell H. E.** Resection of Long Bones for Chronic Osteomyelitis. *Surg. Gynec. & Obst.* 1926, 41: 114.

theories—one ascribing the condition to trauma, another ascribing it to static conditions and another ascribing it to bone disease. According to the

The authors have performed twenty-eight resections of portions of long bones in twenty-three patients. With one or two exceptions these operations were for chronic osteomyelitis with dis

large tubes  $\frac{3}{4}$  in in diameter. In only a few cases. Dakin irrigations were carried out through the tubes for from two to five weeks depending upon the duration and character of the discharge.

The patient was kept in bed with extension for from eight to ten weeks and then allowed to walk with crutches and a cast or brace until the sixth month when partial weight bearing with a brace or cast was permitted until the eighth or tenth month.

In most of the cases the regeneration of the bone proceeded with surprising rapidity and a complete functional cure was obtained with little deformity or shortening.

fracture of the neck of the femur

The prognosis of coxa vara depends upon the degree of displacement of the femoral head. In most cases the pain ceases and the patient becomes able to return to his occupation but there is limitation of motion in the hip joint particularly in abduction and a lump is caused by shortening of the limb. Occasionally complete ankylosis develops.

regeneration was incomplete

occurred most frequently necessitated bone grafting

**DANIEL H. FEINSTEIN, M.D.**

by further tests before they are accepted. If the calcium and phosphorus content of the blood serum could be raised above the normal for any length of time it is possible that in cases of delayed union the fracture might be induced to unite. Cases of fixed non union however would probably not be benefited.

united fracture including both types. In cases of delayed union the bones are more easily induced to unite than in cases of non union. This is shown by the fact that in the cases reviewed the plastic type of operation resulted in a cure in 93 per cent of those of delayed union and in 65 per cent of those of non union.

In the treatment of ununited fractures the distinction between delayed union and non union

non union was made after three months and in cer

effort and more care in the planning and execution of operations for non union a higher percentage of cures has been obtained than heretofore.

Bagley C H. Fracture of Both Bones of the Forearm. A Study of 200 cases. *Surg Gynec & Obst* 1926 xlii 95

Of 200 patients with fracture of both bones of the forearm who were treated in the Surgical Clinic of the Johns Hopkins Hospital Baltimore 110 were under 10 years of age 66 were between 11 and 15 years and only 24 were over 15 years. The great majority of the fractures were caused by indirect violence such as a fall on the hand with the arm outstretched. Half of them occurred in the lower third of the forearm and nearly half were incomplete or greenstick fractures.

The commonly accepted theory that in children epiphyseal separation occurs instead of fracture in the lower third of the forearm is not borne out by the cases.

In the treatment of fractures of the forearm reduction should be done early and should be complete but in some cases in which reduction is not quite complete it may be best not to attempt repeated manipulation because of the danger of impairing function.

to be corrected spontaneously by the formation of callus only on the concave side of the fragments

arthritis or excess callus. Four of these were cases in which an open reduction was done.

The author believes that in children an imperfect reduction is preferable to open operation and reports in detail three cases which substantiate this belief.

WILLIAM A. CLARK, M.D.

Jact

The case reported in this article was that of a woman 20 years of age who gave birth to a child

hips and the spontaneous opening of multiple abscesses in the sacro iliac region. The patient was obliged to remain in bed for eleven months and developed bed sores in the sacrococcygeal region. When she got up the two coxofemoral joints were completely ankylosed, the lower limbs were parallel with the axis of the body, the thighs were flexed on the pelvis to about 20 degrees and slightly rotated inward and there was a lumbosacral lordosis.

The roentgenogram showed perforation of the acetabulum on both sides. On the left side the head of the femur was almost totally absorbed and on the right side the head and part of the neck of the femur had disappeared, the neck being reduced to a pointed spur. On both sides all that remained of the upper epiphysis of the femur was implanted in a mass of semitransparent decalcified newly formed bone tissue.

Central luxation of the femur due to trauma is rare and such luxation due to pathological processes still rarer. In infective osteo arthritis the destructive processes are accompanied by reparative processes which re-enforce the acetabulum and prevent its perforation. In tuberculous arthritis the position assumed by the lower limb causes the head of the femur to press on the posterior rim of the acetabulum rather than on its floor, the luxation being iliac rather than central.

The author's case is of interest particularly because the lesion was bilateral and because it occurred during the puerperium. The bilaterality was apparently due not to special virulence of the infect

the other because she was prevented by the bed sores from lying on her back.

When the patient entered the hospital operation could not be performed because the sepsis was too



In arthritis deformans the symptoms are barely required for repair. They may be divided into those of delayed union and those in a fixed state of non-union.

For the first time the author has shown

some hesitancy in pronouncing these cases ununited

of involvement of the meniscus the amount and character of the joint fluid play a rôle

likely the condition is non union but time is not the sole criterion. In the cases of delayed union studied by the author the average time between the occurrence of the fracture and the operation was six months while in those on non union it was two years.

between

definitely excluded decreased resistance to the

sixteen (75 per cent) were cured

In a considerable number of the cases calcium

VORSHLEIZ (4)

## FRACTURES AND DISLOCATIONS

Henderson M S. Ununited Fractures. *J Am Med Ass* 1926 LXXVI: 81

Ununited fractures are those that have failed to unite by bony union after the period normally re-

true in the cases reviewed and delayed union in cases of compound fractures.

The clinical study of the general systemic condition was negative. Local causes are of far more

general of the blood intact licate cked

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

Of the ... of the ...

Colligan J M Phleboliths J Urol 19 6 xv  
175

With the development of the roentgen ray phleboliths became clinically significant They are found

Because of their associated arteriosclerosis and calcium deposits or their long continued expansile pulsations with erosion of the neighboring bone aneurisms of the first group are the ones most apt

in skulls vary between 1 and 10 mm in diameter the average being about 4 mm In males they are found most frequently in the periprostatic plexus and in females in the uterine plexus occasionally they are found in splenic veins and the veins of hemangiomas

rupture Next in value are the signs due to pressure upon adjacent structures but these may be simulated by any other disease or tumor occurring in the same location A third group those due to the disease causing the aneurism are inconstant and unreliable

Chemical analysis shows that their ingredients also are practically uniform

Phleboliths have their origin in thrombi The

The ...

roentgenographic shadows are due to phleboliths Urologists should be able to identify all pelvic shadows as extra urinary or intra urinary

The lead catheter is unreliable in the localization of pelvic shadows The most accurate method

tion in craniopharyngeal pouch tumors the dense

clonoid The bone is cleanly destroyed

Sosman M C

Author ...

## BLOOD TRANSFUSION

Lat

roentgenographic that in a ce diagnosis ca autopsy records reveals that intracranial aneurisms are from rare The infrequency of their diagnosis is probably due to the fact that the possibility of their presence is rarely considered

Berlin Springer

This excellent translation by Schiff of the new and revised Italian edition of the Individuality of the

of the limbs in moderate abduction and in attempt to bring about a neo arthrosis in the other between the neck of the femur and the ilium

AUDREY G MORGAN M.D.

### ORTHOPEDICS IN GENERAL

Bristow W R and Elmslie R C Discussion on Manipulative Treatment *Lancet* 1926 cxx 218

BRISTOW called attention to the fact that bone setters and other practitioners without proper

Manipulative treatment is of value chiefly for minor injuries and to a less degree is beneficial in

quently occurs in the erector spinæ group of muscles and causes backache

With regard to conditions due to disease it is

two classes (1) manipulations of the affected part as for adhesions about a joint and (2) manipulations of some part which is not obviously affected

manipulative methods which have been proved of value but orthopedic surgeons who practice

in such cases with great success

FRANK G MURPHY M.D.

tissue and infiltrated structures not containing lymphadenoid tissue. The compromise theory that it is a transitional condition has had many sup

2 The retroperitoneal form in which the glands are involved alone or with the mesenteric glands and the spleen. The symptoms are principally those of pressure and vary according to the structures encroached upon. Pain may be a prominent manifestation.

3 The gastro intestinal form which is rare.

4 The splenic form. The spleen is affected in practically every case but the disease is rarely confined to the spleen.

5 The hepatic form. The liver is found to be involved in at least 50 per cent of the cases but this is frequently a postmortem finding and not recognized clinically. It is never found as the sole lesion.

6 The renal form in which small nodules are occasionally found at autopsy or more rarely an

now these glands are not necessarily the primary location of the disease. A number of investigators have shown that primary enlargement of the abdominal or thoracic glands is much more common than primary enlargement of the cervical glands but may not be discovered as early. Under proper treatment the outward manifestations may disappear but the patient subsequently dies from the

growth without pressure symptoms or a pleural

of the skin by characteristic lymphogranulomatous tissue.

The condition is not always easy to diagnose. It must be differentiated from tuberculosis, leukemia, chronic inflammatory conditions, sarcoma, and various pyrexial states. One of the most valuable diagnostic aids is microscopic examination of an excised portion of gland tissue.

The duration of the disease ranges from a few weeks to several years. There is no evidence that a spontaneous cure may occur. Schniffner reported a case in which X-ray treatment resulted in benefit for eleven years. The use of radium and the X-rays is rather general. In some cases Coley's toxins of

in pneumonia, tuberculosis, or some other chest condition. Occasionally there is sufficient pressure on the large veins to produce cyanosis and edema.

The abdominal manifestations are divided into six forms:

1 The peritoneal form due to affection of the mesenteric glands. This may suggest tuberculous peritonitis.

is  
at  
su

Blood by Lattes fills a large gap in hæmatological literature

more or less marked stimulation of the bone marrow. The latter was demonstrated by the appearance of new erythrocytes which sometimes were rich in hæmoglobin increasing the color index and some times were poor in hæmoglobin. It was evident also

have been due to hæmolysis

regeneration

The technique of carrying out the individuality

Intravenous transfusion of large quantities of blood is the method of choice for the treatment of all anæmias which threaten life. OPPENHEIM (Z)

#### LYMPH VESSELS AND GLANDS

Rolleston Sir H. Lymphadenoma (Hodgkin's Lymphogranuloma). *Lancet* 1915 ccciv 1209

blood groups

The most important therapeutic application of

appearances of lymphadenoma were first recorded

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growth

The first theory was adopted by a number of the earlier investigators. Sternberg believed the con-

death resulted

## ANÆSTHESIA

Pembrey M S and Shipway F E Apnoea  
Dyspnoea and Cyanosis in Relation to Anæ-  
sthesia Part I Physiology Part II Anæ-  
sthesia (1915) Hosp Rep Lond 19 6 LXXV 53  
58

Anæsthesia is a pathological condition but has its representation in physiology. The authors investigated this comparison with regard to respiratory changes. Physiologically apnoea is absence of respiratory movements due to diminished excitability of the nervous system and absence of carbonic or other acid sufficient to stimulate the respiratory

In test of a number of antiseptics tincture of iodine was found most effective. This preparation not only detoxifies and inhibits the growth of spores but also stimulates the defensive mechanism of the wound tissues. Experimental studies seem to indicate that very few of the new dye antiseptics act as well as iodine in destroying spore organisms. Fuchers solution a quinine hydrochloric acetic acid formal alcohol solution appears to be an excellent inexpensive antiseptic for wounds. If used early it will probably prevent gas gangrene and its serious consequences.

The treatment of wound with vaccines has been practiced with varying results. Recently Besredka found in experiments on animals that the cutaneous application of vaccine produced the most effective immunity. Applying this principle clinically he found that greater immunity was produced by a vaccine dressing than by subcutaneous injections and no local reactions developed. The author is of the opinion that this method of treatment is not only harmless but exceedingly beneficial and should be tried more extensively in order that its true worth in general surgical practice may be learned.

CARL J GLASIEL M D

During anæsthesia apnoea may be caused by too deep and rapid breathing which washes out too much carbon dioxide. When chloroform is given by the open method it may occur as the result of the depressant action on the heart and respiratory center the reduction of the oxygen capacity of the blood and the reduction in tissue metabolism. At times it occurs with intratracheal insufflation but is infrequent when a tracheal tube is used and rare when ether is given by the open method.

— — —

Cyano is a state of anoxemia. Its most typical physiological form is seen in mammal born with blue asphyxia and white asphyxia the latter accompanied by circulatory failure. During narcosis two similar forms are encountered. For these oxygen and carbon dioxide are indicated.

Pathological and physiological respiratory variations are dependent upon the same causes.

GEORGE R McALLIFF M D

Haggard H W The Absorption Distribution and Elimination of Anæsthetics (1915) J Anal 19 6 15

The concentration of the anæsthetic with which the living cells are in equilibrium when they exhibit the phenomenon of narcosis is called the anæsthetic tension. It is expressed either in grams of the

the anæsthetic tension of ether has now been definitely established as 3.5 per cent.

When air containing ether vapor is brought in contact with blood some of the ether passes into the blood and seeks equilibrium. As the ether in

The prothrombin  
time is  
stained  
tissue  
are g  
tionally  
Enrich  
re  
of

be a result in by a very rapid decline (increased protein catabolism in the liver and kidneys). Therefore the administration of protein therapy should never be continued longer than from four to six weeks at a time and should not be resumed until after a period of equal length.

In conclusion the authors call attention to the fact that the value of protein treatment does not reside in the fever reaction.

VOLLMANN (Z)

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Moersch H J The Vital Capacities of 1000  
Surgical Patients *Arch Int Med* 1926 xxvii  
128

Although an accurate conception of the vital

The spirometer is of value chiefly because disturbances of external respiration can be detected with it

low in the absence of any demonstrable organic cause in a large percentage of such cases an organic disturbance involving the cardiorespiratory system

and excretion

The factors that influence the vital capacity are posture the time that has elapsed since the last meal psychic disturbances physical fitness sex

## ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Meyer A F The Prophylaxis and Treatment of  
Wound Infections by Modern Methods *Clin  
form & West Med* 1926 xxiv 177

There are three and possibly four sporulating anaerobic bacteria which cause some of the most dreaded infections. Frequently they act together and through their combined effect produce the syndrome of gas gangrene. The bacillus tetani the most common anaerobe is responsible for tetanus

anaerobic infections are from the patient's intestinal tract rather than from exterior sources

instances careful operation with the excision of all

usefulness of chemical antiseptics in wounds Brunner has furnished experimental evidence proving that prophylactic and preventive antiseptics is possible

In tests of a number of antiseptics tincture of iodine was found most effective. This preparation not only detoxifies and inhibits the growth of spores but also stimulates the defensive mechanism of the wound tissues. Experimental studies seem to indicate that very few of the new dye antiseptics act as well as iodine in destroying spore organisms. Pichler's solution a quinine hydrochloric acetic

application of vaccine produced the most effective immunity. Applying this principle clinically he found that greater immunity was produced by a vaccine dressing than by subcutaneous injections and no local reactions developed. The author is of the opinion that this method of treatment is not only harmless but exceedingly beneficial and should be tried more extensively in order that its true worth in general surgical practice may be learned.

CYRIL J. GILBERT, M.D.

Zim

The prophylaxis of complications caused by protein therapy consists in varying the protein substance used increasing the dose slowly and discontinuing intravenous injections or if such injections are given administering the dose slowly and fractionally.

For the treatment of the complications the authors recommend camphor (alcohol skin friction) masage of the

In the case of carcinoma may be ushered in by a very rapid decline (increased protein catabolism in the liver oedema). Therefore

In conclusion the authors call attention to the fact that the value of protein treatment does not reside in the fever reaction.

VOLLMANN (7)

## ANÆSTHESIA

Pembrey M S and Shipway F E Apnoea  
Dyspnoea and Cyanosis in Relation to Anæsthesia Part I Physiology Part II Anæsthesia *Guy's Hosp Rep* Lond 1916 LXXV 53  
58

Anæsthesia is a pathological condition but has

of the nervous system and absence of carbonic or other acid sufficient to stimulate the respiratory center. It is not due to an excess of oxygen. Effective stimulation to respiration consists in an increased tension of carbon dioxide in the blood with a corresponding decrease in that of oxygen.

Equilibrium between acid and base in the blood is maintained by constant processes of adjustment which are expressed by the respiratory movements. During anæsthesia apnoea may be caused by too deep and rapid breathing which washes out too much carbon dioxide. When chloroform is given by the open method it may occur as the result of the depressant action on the heart and respiratory center the reduction of the oxygen capacity of the blood and the reduction in tissue metabolism. At times it occurs with intratracheal insufflation but is infrequent when a tracheal tube is used and rare when ether is given by the open method.

Dyspnoea is evidence of a vigorous excitation of

accompanied by circulatory failure. During narcosis the latter

varia

the latter

Haggard H W The Absorption Distribution and Elimination of Anæsthetics *Anest & Analg* 1926 V 1

or indirectly as the percentage or tension of the anæsthetic in the expired air which is in equilibrium with the blood. There can be little question that the anæsthetic tension of ether has now been definitely established as 3.5 per cent.

When air containing ether vapor is brought in contact with blood some of the ether passes into the blood and seeks equilibrium. As the ether in



the air passes into the blood the tension in the air falls and the tension in the fluid rises. A condition of equilibrium is finally established when the tension of ether in the air equals the tension of ether in the fluid. At this point of equilibrium the blood contains much more ether than an equal quantity of air.

in the blood

The rate of absorption is determined solely by the

possible to recognize imminent collapse. This is best prevented by decreasing the anaesthesia for a brief period. KREUTER (Z)

# PHYSICO-CHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

### Flaskamp W. Local and General Injuries of the

The author presents an excellent summary of all that is known of accepted value on the subject of injuries of the human body produced by roentgen rays and radio active substances. Because of the comprehensiveness of the material this abstract must be limited to a brief statement of the main points covered.

In the introduction Flaskamp discusses the roentgen rays as therapeutic and injurious agents and the effect of irradiation in the production of reactions. By the term injury he means the development of a secondary disease picture which is independent of the primary affection.

In the first chapter he treats of local injuries of the surface of the body reviewing the theories as to the pathogenesis of skin lesions and describing the clinical aspects of such lesions. To prevent confusion he first defines the various terms. A primary injury is an acute injury which manifests itself acutely. A late injury is an acute injury which does not become manifested until some time after a short period of exposure to the X ray.

Cumulative injury means the injurious effects from constant exposure to the roentgen rays such as in v

tissues usually show no changes.

*Chronic dermatitis.* Chronic dermatitis differs essentially from the acute form in its clinical aspects as well as in its origin and period of development. Dohan and Kienboeck distinguish three clinical forms of chronic skin injuries: (1) roentgenologist's erythema, (2) atrophy of the skin with telangiectases and (3) hyperkeratoses. Hyperkeratoses occur in the form of circumscribed warts or diffuse horny formations. With further progress of the disease especially after the warts have been cast off there may be extremely painful ulcers closely resembling acute roentgen ulcers. These ulcers and the hyperkeratotic areas are points of predilection for the development of roentgen carcinoma.

*Roentgen cancer.* Ninety four cases of roentgen cancer have been reported in the literature. The average length of time from the beginning of the irradiation to the time of the development of the cancerous process is about nine years while that

the early erythema is the first phase of the roentgen injury. As a rule this reaction ceases within seventy two hours at the latest but under certain

mortality is 20 per cent.

in the form of a marked reddening of the skin—the Kienboeck hyperæmic radiodermatitis and the Seitz-Wintz roentgen erythema. As a rule from twenty-one to twenty eight days elapse before the reaction reaches its maximum. At the end of that time there is an erysipeloid reddening of the skin with falling out of the hair in the irradiated

and others there may be a variation in

In the next section of the work the author describes the histology of the roentgen damaged skin and brings out the fact that all living cells are

In the next chapter he treats of the capillary microscopic picture presented by the irradiated skin. Capillary microscopy is of importance because before the irradiation is begun it will reveal the hypersensitiveness of the skin which is peculiar to certain organic diseases and certain constitutional types.

In the next chapter the physical, technical and

medicinal, chemical, thermal and mechanical irritation. If despite every precaution a skin injury occurs a rational therapy must be instituted—rational in the sense that all further injurious influences must be excluded. In spite of the numerous suggestions that have been made with regard to therapeutics the author warns against over zealous treatment.

The conservative method of treatment requires great patience on the part of both the patient and

ment. For these surgical methods are indicated. In contrast to conservative measures surgery must be radical. The procedures to be considered are excision of the ulcer, transplantation and sympathectomy. The treatment of chronic skin injuries

author states that though the roentgen rays have a wide application, not sufficient effort has been made

any part of the body that it is most severe when organs rich in blood and glandular structures are

clinical measures consist in preparation of the patient for the irradiation as for a surgical operation by

efficiency of the apparatus during its operation due

ly variable clinical picture. The how and whereby of their production is no more possible than a simple explanation of the effects of other toxins. It is known however that the action of irradiation is proportional to the

impossible to form

In the third part of the work he discusses the effects of roentgen injury which is mainly a review of the various types of lesions that

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by

The monograph is supplemented by a bibliography covering the literature up to the fall of 1924

ZILLMER (Z)

Morgan J D Fractional Roentgen Irradiation

*Am J Roentgenol* 1926 xv 125

The technique commonly used in the roentgen

overlapping of the portals of entry but cross fire irradiations were used in order to reach the tumor from all sides and thus to obtain as uniform radiation as possible In the use of this technique there was less danger that outlying metastatic nodules might escape treatment

logical changes in healthy tissues adjacent to the neoplasm With a view toward overcoming these disadvantages and at the same time applying a dose which would impair the vitality of the malignant cells and stimulate the surrounding healthy cell the author used very small doses at frequent intervals for comparatively long periods with large portals of entry

In cases in which the malignant mass lay within 5 cm of the surface doses of from three to five minutes were given twice daily for from one to two weeks and after an interval of two weeks a second and later a third and sometimes a fourth series was administered When circumstances rendered it impossible for the patient to report twice a day the dose was reduced to one treatment and sometimes this was extended by the addition of a minute or two Similarly for lesions lying deeper than 5 cm the time of exposure was increased and treatments for five or ten minutes were given twice daily over similar periods No attempt was made to prevent

out apparent benefit Long before what was generally considered a lethal dose had been given a diminution in size and induration of the tumor was frequently noticed In an encouraging number of cases this beneficial effect has been continuous but the time has not yet been sufficient to warrant final conclusions In other cases the cells have seemed to acquire a certain resistance

Although some of these treatments have extended over long periods a typical erythema as a result has not been seen The skin has early showed a tanning which in some cases has become very marked So

roentgen ray skin lesions which have sometimes occurred in the past following prolonged irradiation remains to be seen

In conclusion the author gives detailed accounts of three cases treated in the manner described

ADOLPH HARTUNG M D

## MISCELLANEOUS

### CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Ewing J The Relation of Trauma to Malignant Tumors *Am J Surg* 1916 21 30

cancer of the mucocutaneous junctures long continued local uncleanness is demonstrated and

the development of calcification in the thymus decrease in the production of normal acids by way of the thymus

industry

MORRIS H. BARNARD

no myl substitute material because its color

Freund E and Kaminer G The Biochemical Bases of the Disposition to Carcinoma (Biochemische Grundlagen der Disposition fuer Carcinom) 1925 Vienna Springer

1925

The metabolism of persons affected with carcinoma differs from that of normal persons The urine of the former usually shows an abnormal albuminous substance namely oxyproteinic acid of modified character

Johnson F M The Development of Carcinoma in Scar Tissue Following Burns *Ann Surg* 1916 153 1 165

in the scars of and 175

developed

Malignant disease occurs in scars of slow formation The pliable cicatrix is not dangerous Hence skin grafting should be done early in the treatment of burns

Scar cancer is more frequent in males than in females It is not restricted to the old or middle aged The age of the scar seems to be of more importance than the age of the patient The upper

grouping

The serum of infants is from twenty to twenty five times as potent as that of adults As even a

arm is the site of scar cancer more frequently than the forearm and the thigh more frequently than the leg



at its center and has hardened turned edges. Frequently the poorly nourished scar loses its integrity before it becomes epitheliomatous and the patient causes it to ulcerate by scratching it. Later in such cases the surface becomes covered with squamous plaques which when rubbed off are replaced by small sanguinous ulcerations. In other cases in which the scar becomes opened accidentally the tissue repairs itself very slowly and the wound increases at the expense of the neighboring parts.

Because of the anemic state of a thick scar cancer grows very slowly when it is confined to the skin. When once there is deep invasion of the muscle however its growth is rapid and fatal.

The prophylaxis of scar cancer lies in proper surgical care of burns and the prevention especially by skin grafting of thick rigid delayed scars. When a band like scar has once formed it must be protected against injury and irritation caused by the friction of clothing dirt prolonged suppuration etc.

The treatment is strictly surgical. It should consist in wide excision of the lesion and the accessible regional nodes and x-ray irradiation.

HARRY C. SALTZSTEIN, M.D.

#### GENERAL BACTERIAL PROTOZOAN AND PARASITIC INFECTIONS

Mayo C. H. and Hendricks W. A. Avian Tuberculosis in Man. *South M. J.* 1926 21: 29

The authors report two cases of avian tuberculosis in man. The disease was demonstrated surgically and pathologically. Both of the subjects were young

adult females. In one case the chief complaint was painful menstruation and in the other a tumor in the left hypochondrium. The general health was fair but there was moderate anemia with definite eosinophilia.

In both cases the spleen was definitely palpable. There was no fever and the Wassermann reaction was negative. Splenectomy was done. In both cases the spleen and liver were involved and in one the mesenteric lymph nodes were also affected. Grossly the external surface of the spleen presented

substance instead of the caseous material which is often found in the tubercles in tuberculosis in man. In many tubercles there was no caseation, the center being composed of the numerous large epithelioid cells which give a characteristic appearance to the avian lesion.

The authors cite the case of von Kunt Lederer in which avian tuberculosis was associated with poly cythemia and operation and autopsy revealed wide spread tuberculosis of the lungs spleen kidneys and liver. That the bacillus of avian tuberculosis is pathogenic to man is further corroborated by the works of Loewenstein Koch Robinowitsch and Lipschutz Pfander Weber and Bofinger Robin

produced in fowls that have been allowed to ingest sputum from tuberculous patients. On the other hand fowls have been fed sputum rich in bacilli without contracting the disease.

In the authors opinion the human bovine and avian types of tubercle bacilli are only variations of one species of organism.

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NOTE—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THIS ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

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The treatment of corneal ulcers with the electrothermophore F D PHINNEY Ohio State M J 1926 xxii 12

M BALADO Bol

cataract

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ostu  
xtvii 59

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of  
Sc  
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patient F N G STARR and G FLETCHER *Canadian  
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1

H J

1

N G

194  
P

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1



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deep-seated malignant disease G E PRINLER Brit J  
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xxvi 96

1

FIELD

er in  
xxvi

vi 131

Roent

used

W

4 vi

[497]

m J

[499]

ment

McR

II

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1926 cxiv 81

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## SUBJECT INDEX

- ABDOMEN** Abdominal surgery in diabetes 116 adenomyoma of wall of 291 differentiation between radiographic appearance of urinary stones and of calcified gland of 304 diagnosis of subphrenic abscess 373  
Abscess Treatment of tuberculous 57 diagnosis of subphrenic 373 injury of bladder in opening Douglas tension on
- Actinomycosis** involving face and neck treated with radium 346
- Adenoid** Structure and morphology of 263
- Adenomyoma** Inguinal endometriosis often reported as in groin and of round ligament 204 relationship of ectopic to ovarian function 291 of abdominal wall 791
- Adrenalin** Treatment of iridocyclitis by subconjunctival injections of 347 effect of on gall bladder 460
- Amaurosis** Hysterical 9
- Amblyopia** Hysterical 9
- in so-called Panto disease 372
- Anaesthesia** Alleged synergy in of magnesium sulphate and morphine 58 the poor risk for surgery of pelvic duct obstruction to icterus 9 cicatricial obliteration of common duct treated by lateral anastomosis of common duct with duodenum in one case and reconstruction of duct with rubber tube in another 114 traumatic rupture of hepatic duct 461
- 441 apnoea dyspnoea and cyanosis in relation to 495 effect of local on blood pressure at operation 495
- Anaesthetics** For children 403 absorption distribution and elimination of 495
- Aneurism** of internal carotid artery and circle of Willis from roentgenological viewpoint 491
- Anura pectens** Neurological mechanism of and its relation to surgical therapy 268 surgical treatment of 50
- Arthritis** Physical therapy in chronic 142 etiological and bacteriological aspects of rheumatoid 225 oral sepsis as cause of 225 surgical treatment of 225 to ic factor in 225 infective origin of 25 pathological joint 487
- Atropine** Treatment of iridocyclitis by subconjunctival injections of 347
- RACHACHE** Anatomical and clinical study of low
- value of non surgical drainage of 197 functional tests in carcinoma of 197 surgery of 199 exploration of by means of lipiodol in cases of fistula 283 adjuvant in chronic fistula of 284 end results of biliary surgery as seen by general practitioner 372 pressure changes in 459 See also Gall bladder Bile ducts Liver and biliary conditions and operations
- Bilirubin** Methods for determining concentration of in duodenal contents 28

effect of section of both sacral nerves on pressure in  
476 See also bladder conditions and operations and  
Urinary tract

Blindness significance and prevention of due to in

Bl

7 blood glucose curve in head injuries 100 end

1

1

1

operation

7 statistics of

1  
1

1  
1

study of 364  
Bronchoscopy in treatment of lung abscess 189  
Burns Development of carcinoma in scar tissue following  
500  
Burnitis Calcareous deposits of so-called calcifying sub-  
acromial 227

1

1

X-ray treatment of 444 5  
Calvé Legg Perthes disease See Osteochondritis de  
formans juvenilis  
1 Canc " " treatment of advanced 142 mortality  
and from

-- in fistulas through, 0

11. 11  
tions  
Brain Diagnosis and treatment of injury of associated  
with fracture of skull 7 treatment of head injuries

of disposition to carcinoma 500 relation of trauma to malignant tumors, 500 See also names of organs  
Carbon dioxide as aid in general anaesthesia 315  
Carbon monoxide poisoning Venesection and blood transfusion in 399  
Cervix See Uterus  
Chest Medicosurgical borderland in thoracic tuberculosis 363 significance of vital capacity in intrathoracic therapy 449  
Cholelithiasis See Gall stones  
Chordoma Sacrococcygeal 454  
Choroid Neoplasms of 180 glaucoma secondary to sarcoma of 349  
Choroid plexus Epilepsy due to traumatic porencephalic hydrocephalus cured by resection of 441  
Circle of Willis Aneurysms of from roentgenological viewpoint 491

Conjunctiva Epithelial dystrophy of and its relation to lacrimal gland 485  
Cornea Epithelial dystrophy of and its relation to lacrimal gland 485  
Cranium See Skull

DACRYOCYSTITIS Operative treatment of lachrymal sac 180

Peptic ulcer of 274 recurring peptic ulcer of 274 surgery of ulcer of 276 454 455 458 methods for determining furfural number and bilirubin concentration 454

treatment of peptic ulcer of 453 late results after gastro-enterostomy in ulcer of 453 fundamental principles in surgery of 453 case against indeterminate surgery for peptic ulcer of 454 functional value of wide resection of antrum and pylorus in ulcer of 453

Intestinal tract Intestine  
Dupuytren's contraction Contraction of palmar aponeurosis 495

Dyspnoea Following thyroid operations 22 in relation to anaesthesia 495

EAR Functional tests of hearing 95 means and methods of testing in disease of 96 maxillary sinusitis of oral origin 182 otomycosis treated with potassium iodide 261 fundamentals of bone conduction 261 chronic

epiphyseal coxa vara or displacement of capital

35

53 peripheral nerve injuries associated with of  
long bones 358 correction of angulation of by metal  
wire 397 *See also* names of bones  
Furukawa number Methods of determining in duodenal  
contents 282

Epididymitis 116  
217  
Epilepsy End result of trephination performed thirty

ALL bladder Hemorrhagic infarct of wall of and

438

FACF Surgical treatment of paralysis of 101 end result  
of spinofacial anastomosis 102 actinomycosis of  
treated with radium 346 newer procedures and  
methods in plastic surgery of 431

pentagonal forms of tuberculosis of  
non  
kaka  
289  
mpa

Femoral artery ligation  
thectomy 14

Femur Conservative treatment of fractures of pelvis and  
lower extremity 54 compensatory lengthening of in  
children after fracture 232 Perthes disease 308

exophthalmic 439 combined secondary thyroidectomy and thymectomy for intractable exophthalmic 439 treatment of toxic with radium and roentgen rays 439 *See also* Thyroid

Gonorrhoea Diagnosis of latent gonococcus infection 130 a rifavine for gonorrhoeal ophthalmia 260

**H** **HEMANGIOMA** Roentgen ray as aid in diagnosis of 312

Hæmatemesis Objective methods of diagnosis of 15 splenomegaly with 200

Hæmatoma in pyelonephritis 383

Hæmophilia Acquired cured by specific treatment 56

Hæmorrhoids Technique for removal of 281

Head Bare radium tubes in treatment of tumors of 432

Headache Head pains of ocular origin 94 nasal aspect of 361

Hearing Functional tests of 95 means and methods of testing in aural disease 96 artificial aids to 261 fundamentals of bone conduction 261 facts of audition 434 effect of radical mastoid operations on 435 *See also* Deafness

**H** **HERNIA**

Heliotherapy Cellular changes due to irradiation 59 in spinal tuberculosis 229

Hepatic duct *See* Bile duct

Hernia Surgery of abdominal 108 through transverse mesocolon 108 diaphragmatic treated by operation 115 retroperitoneal 195 radical cure of femoral 366 through foramen of Winslow 367 industrial

ureter with dilatation and 213 effect on rate of development of of partial obstruction of renal artery 203 effect on rate of development of of partial obstruction of renal vein without and with ligation

**I** **INTESTINE** *See* Intestine

of 356

stary gland adenomata

**I** **ICTERUS** *See* Jaundice

Neosigmoidostomy Treatment of chronic ulcerative

**I** **IMPETIGO** Etiology and epidemiology of in newborn 3,8

Impotence in male 219

Infant mortality Forceps deliveries and 207

Infantile paralysis *See* Poliomyelitis

Infection Pulpless tooth from bacteriological and exper

**I** **INSULIN** 402 prophylaxis and treatment of wound by modern methods 494

Insulin in diabetes with mastoiditis 26

Interstitial gland Biological action of of ovary 202 attempts to isolate of ovary 203

Intestine Tumors of small with especial reference to lymphoid cell tumors 109

Intestines Insufficiency of ileosigmoid and caecogmoid anastomoses in chronic stasis of 23 necessity for

**I** **INTOXICATION** Pathological physiology of liver in relation to 196

Iodine

Hydatid mole Ovarian changes in presence of 463

Hydrocephalus Epilepsy due to traumatic porencephalic cured by resection of choroid plexus 442

Hydronephrosis Effect on rate of development of of

thalmic goster 439



Indocyclitis Treatment of by subconjunctival injections  
of atropine and epinephrin 347  
Iris Development of human 95

JAUNDICE Comparative study of tests for hepatic

[ ABOR Hypophyseal extract in obstetrics 42 43

Jaw of 372  
Difficult problems in treatment of carcinoma of  
lower 180 treatment of open bite by plastic oblique

Jeju

Joints Fractures of 52 transarticular nailing in fractures  
near 53 reconstruction of ankylosed, 134 end results  
of immediate active mobilization in treatment of  
articular lesions 224 neuro-arthropathies of periph-  
eral nerve injury origin 359 manipulative treat-  
ment 490 See also names of joints and joint con-  
ditions and operations

K  
ki

local anesthesia 442  
Laryngectomy Total for intrinsic cancer of larynx 353  
avoidance and closure of large pharyngostomes com-  
plicating 440  
Larynxofissure for cancer of larynx 440  
Laryngology Teaching of undergraduate 18,

cancer of 440

396  
Light Clinical aspect of 142 action of 143  
Lip Problem of bringing forward retracted upper and nose  
349  
Lip 16 mlec

tracheal injection 50 33  
Liver C mparative study of tests for hepatic function 1  
P 15 with obstructive jaundice 24 abnormal

- Mediastinum Deep roentgen ray exposure as aid in differential diagnosis of tumors of 107
- Megacolon Imperforate anus with and terminal peritonitis 459
- 57 experimental and clinical investigation of 314 treatment of sepsis with mercurochrome 314 gonorrhoal endocervicitis treated with strong solutions of 375 treatment of acute bacterial infections with intravenous injections of 402
- Mesocolon Hernia through transverse 108
- Metabolism Disturbances of following deep roentgen ray therapy 142
- Metrorrhagia Of girls and young women 36 technique and indications for operation on pelvic sympathetic nerves 38
- Mitral stenosis Surgical aspect of 447
- Morphine Alleged synergism of magnesium sulphate and 58
- Mouth Oral sepsis as cause of arthritis 225 cysts in floor of 436
- Muscle Surgery of tonus of 14 plastics and transplantations of 133 relation of tonus of to sympathetic nervous system 173
- Muscles Physiology of action of 26 transplantation of nerve supply of 359
- Mycotomy As treatment of election for uterine fibroids 28 conservation of uterus in surgery of fibroids 463
- Myopia Notes on the genesis of 8 glaucoma in myopic eyes 349
- Mycosis ossificans circumscripta 390
- NECK Klippel Feil syndrome 306 actinomycosis of face and treated with radium 346 newer procedures and methods in plastic surgery of face and 431 bare radium tubes in treatment of tumors around head and 432
- technique of operative treatment of angina pectoris by section of depressor 360 pathogenesis and treatment of traumatic neuritis of ulnar in postcondylar groove 443
- 359 results of anastomosis of 444 experimental study of transplantation of 445 effect of section of both sa
- cusis of 376 radiation reaction of metastatic squamous-cell carcinoma in cervical 399 tuberculosis of in ileocecal angle a cause of pain in right iliac fossa 399
- Lymph vessels Neoplasms of blood lymph vascular system with special reference to endotheliomata 137 relation of bone marrow to lymphatic system in spreading of carcinomatous metastases throughout skeleton 388
- Lymphadenoma 492
- Manipulation Discussion of in treatment 490
- 96
- Mastoiditis apparent intradural involvement
- Mastoiditis
- Maxilla See Jaw
- Maxillary sinus Inflammation of of oral origin 182 diagnosis and treatment of inflammation of 436
- Meckel's diverticulum Surgical complications of 368
- Mediastinopericarditis Cardiolytic for chronic 189

|               |     |                               |   |   |     |                                       |
|---------------|-----|-------------------------------|---|---|-----|---------------------------------------|
| nasal disease | 262 | pathogenesis and treatment of | — | — | 434 | prevention of chronic middle-ear sup- |
|               |     |                               |   |   | 434 |                                       |

435  
Novocain Diagnostic and therapeutic use of paravertebral injections of 216

mole 463

Р

1

1

393  
Parathyroid glands Tetania parathyreopriva treated by  
grafts of its hormone of and its physiological action  
184 tetania parathyreopriva treated with Collip's

Open bite Treatment of by means of plastic oblique osteotomy of ascending rama of mandible 263

Optic canal Clinical value of roentgenograms of 347  
in optic atrophy 433

**P** - **plastic operations on upon art**

section of long bones not  
of bones  
**Otitis** Conservative treatment of chronic otorrhea 96  
papilloedema of otitic origin 96 brain abscess due to  
263 chronic non suppurative middle-ear deafness  
434 operative treatment of chronic middle-ear sup-

19  
Peritonitis Tuberculous treated with ultraviolet rays  
273 surgical treatment of general 273 secondary  
enterostomy in 367 imperforate anus with mega  
colon and terminal 459  
Pertussis See *Osteochondritis deformans juvenilis*  
Pharyngostomes Avoidance and closure of large as com-  
plication of laryngectomy 440

- [illegible]

against 404  
Roer

diagnosis of mediastinal tumors 107 of duodenal  
ulcer 110 of tumors of kidney 115 markings in  
roentgenograms of lungs of normal dogs 188 of pul-  
monary changes in tuberculosis by lipiodol injection  
188 injection of lipiodol as aid in of bronchopul-

squamous-cell carcinoma in cervical lymph nodes  
390 value of 404 of toxic goiter 439 of fibromyo-  
mata of uterus as compared with surgery 463 local  
and general injuries of body caused by 497 fractional  
roentgen irradiation 499

Rope grafts 401

Rose bengal test for liver function 26

Round ligament Inguinal endometriosis often reported  
as adenomyoma of 204

**SACRO ILLAC** joint End results of arthrodesis for  
tuberculosis of 487

Sacrum Chordoma of 484

Sarcoma, See names of organs

Scar Adenomata of endometrial origin in laparotomy  
following incision of pregnant uterus 91

Septicæmia Treatment of 57 treatment of general with

122

**Sigmoid** 231 Insufficiency of ileosigmoid anastomosis in

**Sinus** 259 Anatomically irregular sphenoidal sinusitis with  
" use of suction syringe in

fracture of 67 diagnosis and treatment of fractures of as developed in Cincinnati General Hospital 431  
Speculum Folding for safe performance of intra uterine

of penetrating ulcer of 274 diagnostic methods in carcinoma of 276 surgery of ulcer of 276 clinical mani

resection of oesophagus for carcinoma 447 origin and

108 327  
Spinal cord Manometric study of cerebrospinal fluid in suspected tumors of 187 compression of by tumor 357 laminectomy and removal of tumors of under local anesthesia 442 clinical manifestations of tumors of 442

4 25 41111 14 surgery of muscle tonus 14 in ulcer of duodenum 20 hypogastric periaarterial and action of presacral nerve in gynecology 38 neurological mechanism of angina pectoris and its relation to surgical therapy 268 influence of sympathetic nervous system on wound healing 269 surgical treat

1001 118 3 0  
Sterilization Protective action of ultraviolet rays against infection 140 use of ultraviolet rays for in operations 140  
Stomach Value of neutral red as test for secretory function of 18 diagnosis and treatment of hourglass 19

TABES Testes of an

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
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77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

106 111 31  
Throat See Pharynx  
Thrombosis Statistical contribution on with regard to Trendelenburg operation 312  
Thymectomy Effect of on organism as whole and on pineal and pituitary glands 106 combined secondary

- thyroidectomy and for intractable exophthalmic goiter 439  
 Thymoma Roentgen ray diagnosis and treatment of 190  
 Thymus Malignant tumors of 364 clinical and pre-operative study of in children of tonsil and adenoid size 448  
 Thyroid Injection of absolute alcohol into 11 hypertrophic treated with radium 265 surgical treatment of diseases of 263 total extirpation of 352 present-day treatment of cancer of 353 applied

indicated 193 comparative study of 100 cases of subtotal from single poster zone 184 under local anesthesia 265 total 352 effect of on surface tension of blood plasma 438 combined secondary and thymectomy for intractable exophthalmic goiter 439

Thyroxin Effect of on surface tension of blood plasma 438

Tibia Results of treatment of osteomyelitic cavities of upper end of with osteoplastic implants 134 observations on Osgood Schlatter disease 309 sarcoma of 393

Urethritis Acute in male 38 chronic anterior goiter 385

436

Tonsillectomy Importance of laryngeal examination

431

Tooth Pulpless from bacteriological and experimental standpoint 10

Tracheoplasty Extended Pozz in treatment of cervical stenosis 31

mens 480

437

Trigger finger Treatment of 487

organs

Typhoid infection of kidney 124

ULNA Fracture of both bone of forearm 489

comparative study of radiation and surgical treatment  
for fibromyomata of 453 the technique of suture of  
after caesarean section 470

**VACCINE** Experiences with autogenous in surgery  
402 from hæmolytic cocci in spheno ethmoidal dis-  
ease 436

patients 494  
**Vulva** Endometriomata of 118 radiological treatment of  
in operable cancer of female pelvic organs, 292  
**Vulvovaginitis** Value of stained smears and cultures in  
diagnosis of gonorrhoeal 290

**WOUNDS** Influence of sympathetic nervous system on  
healing of 269 prophylaxis and treatment of infec-  
tions of by modern methods 494

**X RAY** See Roentgen Ray

**ZINC** chloride U e of in gynecology 117





# INDEX TO BIBLIOGRAPHY

## SURGERY OF THE HEAD AND NECK

Head 61 146 237 322 408 502  
 Eye 61 146 237 322 408 502  
 Ear 62 147 238 323 409 503

## SURGERY OF THE NERVOUS SYSTEM

Brain and Its Coverings Cranial Nerves, 65 149 239  
 325 412 505

## SURGERY OF THE CHEST

" " 32 141 341 414 507

## SURGERY OF THE ABDOMEN

Abdominal Wall and Peritoneum 68 152 241 327 414 507  
 Gastro-Intestinal Tract 68 153 242 328 414 508  
 Liver Gall Bladder Pancreas and Spleen 70 155 244  
 330, 416 510  
 Miscellaneous 72 157 245 331 417 511

## GYNECOLOGY

Uterus 71 157 245 331 418 511  
 Adrenal and Peruterine Conditions 72 158 246 33  
 418 511  
 External Genitalia 73 159 247 332 419 512  
 Miscellaneous 73 159 247 332 419 512

## OBSTETRICS

## GENITO-URINARY SURGERY

Adrenal Kidney and Ureter 77 163 250 336 422 514  
 Bladder Urethra and Penis 78 164 251 336 423 515  
 Genital Organs 79 164 251 337 423 515  
 Miscellaneous 79 165 252 337 424 516

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS

Conditions of the Bones Joints Muscles Tendons Etc  
 80 165 252 338 424 516  
 Surgery of the Bones Joints Muscles Tendons Etc  
 81 167 253 339 425 517  
 Fractures and Dislocations 81 167 254 339 426 518  
 Orthopedics in General 82 168 254 340 426 518

## SURGERY OF THE BLOOD AND LYMPH SYSTEM

Blood Vessels 83 168 255 340 427 519  
 Blood Transfusion 83 169 255 341 427 519  
 Lymph Vessels and Glands 84 169 255 341 427 519

## SURGICAL TECHNIQUE

Operative Surgery and Technique Postoperative Treat-  
 ment 84 169 255 341 428 519  
 Antiseptic Surgery Treatment of Wounds and Infections  
 84 170 256 342 428 520  
 Anæsthesia 84 170 256 342 428 520

## PHYSICO-CHEMICAL METHODS IN SURGERY

Röntgenology 85 170 256 342 429 520  
 Radium 85 171 257 343 429 520  
 Miscellaneous 85 171 257 343 429 520

## MISCELLANEOUS

Clinical Entities—General Physiological Conditions 85  
 171 257 343 429 521  
 General Bacterial Protozoan and Parasitic Infections  
 86 172 257 343 430 521  
 Ductless Glands 172 258 344 430 521  
 Surgical Pathology and Diagnosis 172 258 344 430 521  
 Experimental Surgery 258  
 Hospitals Medical Education and History 258 430



# AUTHOR INDEX

- Abbott L C 310  
 Abel J J 311  
 Ackland W R 225  
 Adams J D 229  
 Adams J E 23  
 Adson A W 101  
 Albee F H 20  
 Alexander W A 434  
 Allen C I 100  
 Amundsen P 316  
 Anderson G H 314  
 Anderson L 310  
 Andler R 213  
 Andrei O 222  
 Andrew L A 406  
 Andrews C F 193  
 Andrews H R 286  
 Archibald E 188  
 Arens R A 368  
 Armstrong E L 112 226  
 Arnett A C 273  
 Aschner P W 453  
 Asteriades T 122
- Baake T 18  
 Baer C 206  
 Baer L 10  
 Bagley C H 489  
 Bailey L 444  
 Bailey P 356  
 Bailiart I 181  
 Balfour D C 19 453  
 Ballance Sir C 444  
 Ballou D H 183  
 Bank J 18  
 Bankart A S B 226  
 Barclay A E 439  
 Barger J A 280  
 Barker H B 11  
 Barker L F 191  
 Barnett H N 434  
 Barney J D 124  
 Barrales J M 42  
 Barrow J V 112 276  
 Bartlett W 183  
 Bas F 436  
 Basterio W A 454  
 Bauman G I 486  
 Bazy 140  
 Beckman H 58  
 Belcher G W 380  
 Belden W W 372  
 Belding D L 378  
 Bell B 470  
 Bellando-Iandone T 132  
 Bérard 39  
 Béart I 443  
 Béard M 00  
 Berceanu D 28  
 Berg H H 0  
 Berger S 271  
 Bergmann E 389  
 Berry J M 308
- Bertocchi A 139  
 Bertrand I 20  
 Bettmann E 294  
 Beutner A 35  
 Bianchetti C I 473  
 Biehl M 27  
 Biedl A 203  
 Bierhoff F 385  
 Bilger F 129  
 Billington W 433  
 Birt J 403  
 Black W T 36  
 Blair V P 349  
 Blair Bell W 318  
 Blaisdell F F 306  
 Blacklock A 336  
 Blanc 216  
 Blanc H 218 333  
 Block F B 117  
 Bloodgood J C 224  
 Bloom A R 368  
 Blum V 213  
 Boas I 452  
 Bockus H L 18  
 Bolliger A 142  
 Bollman J L 368  
 Bonneau R 397  
 Bonney V 257  
 Boornstein S W 393  
 Bour D 204  
 Braasch W F 303 304  
 Brady L 375  
 Braithwaite L R 399  
 Brans W A 18  
 Brandberg R 372  
 Breitkopf E 402  
 Bretz M 121  
 Brand 208  
 Brastow W R 490  
 Broders A C 406  
 Brooke C R 262  
 Brooks C D 375  
 Brown F R 195  
 Brown T R 280  
 Browne J C 112  
 Budde W 366  
 Bugbee H G 305  
 Buie L A 282  
 Bumpus H C 301 477  
 Bund R 467  
 Burch F E 9  
 Burden V G 28 114  
 Burdon Cooper J 8  
 Burger H 266  
 Burger P 35  
 Burrell L S T 16  
 Butrows H 433  
 Buschmann I 495  
 Butler P F 469
- Cabot H 125  
 Cajon F A 306  
 Calhoun F P 182
- Calvanico R 479  
 Campbell H E 496  
 Campbell J M H 201  
 Campbell W C 134 397  
 Carling E R 200 367  
 Carlson A J 196  
 Carman R D 274  
 Caruett J B 227  
 Carson W J 384 430  
 Carter B V 431  
 Carter R F 138  
 Carly J R 106  
 Carvill M 9  
 Case J T 191 369  
 Cathala V 377  
 Cawadia V 225  
 Cayla 56  
 Ceballos 310  
 Cecil A B 291  
 Cecil R L 142  
 Chaler A 37  
 Charbonnel M 11  
 Charner J 20  
 Chastillon T 42  
 Chaffard 56  
 Cheattle Sir G L 446  
 Chevassu 115  
 Chisolm J J 261  
 Christie A C 190  
 Churchill E D 104  
 Chute A L 122 304  
 Cibert J 216  
 Cignozzi O 32  
 Ciminata A 451  
 Clark J G 117 119  
 Clavelin 52 273  
 Clegg J G 340  
 Clerf L H 15  
 Clute H M 439  
 Coe F O 190  
 Coffey R C 199  
 Cole P P 292  
 Cole W H 1 232 370  
 Colebrook L 57  
 Colledge L 353 444  
 Collier F A 99  
 Collip J B 184  
 Colp R 11 309  
 Comte H 450  
 Cone S M 222  
 Copher G H 1 370  
 Cotte G 38 283  
 Cramer W 318  
 Craver L I 353  
 Creysell J 19  
 Crile G W 276 281  
 Crissey R H 366  
 Cristall G 42  
 Crohn B B 453  
 Crossen H S 30  
 Crousse 464  
 Crouter C V 306  
 Crowe S J 356
- Culligan J M 491  
 Culver H B 297  
 Cunningham T D 369  
 Curtillet J 52  
 Cushner H 324  
 Cutler E C 447  
 Cutler M 399
- Dafoe W A 122  
 Danforth W C 291  
 Daniel C 31  
 Daniel John D 360  
 Davidson L C 100  
 Davidson P B 108  
 Davis B B 15  
 Davis J S 314 402  
 Davis L 173  
 Dawson J W 144  
 Dean L W 185  
 Deaver J B 276  
 De Carrera 39  
 Dechaume M 318  
 De Giracoli F 217  
 Dela-enière H 136  
 De Lee J B 1 1  
 Delore V 10  
 Delprat G D 26  
 Derby G S 9  
 Derman G L 351  
 De Rougemont J 19  
 De Saint Blaise A B 41  
 De Schweinatz G E 343  
 Desrouettes L 23  
 Desjardins V U 316 404  
 De Talats C 454  
 Dever T J 37  
 Dew H R 234  
 Dexter R 373  
 Dickinson R L 3 9  
 Dickson I D 231 358  
 Dietrich H 184  
 Dillon J P 129  
 Dintenfass H 183  
 Dixon O J 209  
 Dixon W E 143 436  
 Doederlein G 32  
 Donaldson M 292  
 Dor 214  
 Dorsett L 469  
 Dossol R 210  
 Dott N M 356  
 Doub H I 132 142  
 Douglas J 458  
 Downey J W Jr 10  
 Drummond H 21  
 Duane A 259  
 Dublin L I 319  
 Dudgeon L S 210 402  
 Dudley C S 393  
 Duguet 52 273  
 Duke Elder W S 348  
 Dumolard 200  
 Duret C 23

- Dunievitz M 26  
 Dunn L 172  
 Dunning H S 282  
 Dupuy de Frenelle 396  
 Durupt 130  
 Dyke S C 221  
 Edmund C 259  
 Edson P J 370  
 Edwards A H 395  
 Eggers C 363  
 Einhorn M 274  
 Eisendrath D N 216 297  
 299 380  
 Eisenstadt J S 384  
 Elehorn G 208  
 Eliot 103  
 Elliot L 109  
 Elliott G R 484  
 Elmslie R C 490  
 Elmsberg C A 356  
 Else J E 264  
 Elting A W 312  
 Epstein N 26  
 Erdmann J F 111  
 Esau 26  
 Eshleman C L 438  
 Eusterman G B 274 458  
 Evans W A 20  
 Evert J A 364  
 Ewing J 500  
 Fedoroff S P 360  
 Feldman R H 275  
 Felix 106  
 Fenton R A 436  
 Férey 206  
 Ferguson A F 8  
 Ferree C E 433  
 Ferner P A 127  
 Fey 48  
 Fey B 210  
 Figi F A 431  
 Fink E B 350  
 Finsterer H 457  
 Fischer A W 21  
 Fischer H 447  
 Fisher A G T 233 225  
 Fisher A O 279  
 Fisher L 101  
 Flaskamp W 497  
 Fleisher M S 438  
 Forbes A M 225  
 Ford F A 463  
 Forgue 464  
 Forsdike S 292  
 Foucar H O 117  
 Fowler E P 261  
 François J 125  
 Frantz A M 187  
 Fraser J S 260  
 Frawley J M 306  
 Freund E 500  
 Friedemann M 456  
 Friedenwald J 112  
 Froisher M 387  
 Frontz W A 380  
 Galloway, T C 262  
 Gatch W D 5  
 Gatewood 20  
 Gatewood L C 453  
 Gaujour E 375  
 Gauvain Sir H 307  
 Gayet G 216  
 Gehring E M K 467  
 Geller F C 34  
 Gentil F 307  
 Gibson T E 220  
 Gifford H 346  
 Gifford S R 433  
 Gignoux F 33  
 Girdlestone G R 307  
 Glasser J M 216  
 Goallwin H A 347  
 Goebel F 492  
 Goepel R 276  
 Goethals T R 377  
 Gonnard 200  
 Goldstein A E 480  
 Gordon Watson Sir C 399  
 Gosset A 20  
 Gottlieb J 232  
 Gottlieb M J 362  
 Goulden C 346  
 Grady H W 363  
 Graham E A 189 364 370  
 407  
 Granger A 435  
 Graves B 348  
 Graves R C 380  
 Graves W P 291  
 Greenbaum S S 183  
 Greene C H 24 197  
 Greengough R B 362  
 Groover T A 190  
 Cruca, A 390  
 Guthrie D 372  
 Guy C C 267  
 Haagenen C D 108  
 Haben H C 264  
 Haberer H 8  
 Haberhand H F O 29  
 Haden R L 10 103  
 Haer B H 300 475  
 Haggard H W 495  
 Haines, W D 26  
 Halperin G 87  
 Hamburger 56  
 Hamilton T G 280  
 Hammond P 435  
 Handley W S 278 317  
 Hansen S 223  
 Hansson K G 142  
 Harding V J 468  
 Hardoun 219  
 Harman N B 9  
 Harrenstein R J 392  
 Hart A P 123  
 Hartman F W 142  
 Hartung H 452  
 Hauch E 42  
 Healy W P 375  
 Heaney F S 103  
 Heaney N S 29  
 Heath O 220  
 Hedblom, C A 115  
 Hemburg E 385  
 Heister J D 350  
 Heller F M 472  
 Hellsten O T 383  
 Hoppel E 120  
 Henderson M S 433  
 Hendricks W A 501  
 Hendry J 295  
 Hendry W B 41  
 Henline R B 51  
 Hepler A B 210 295 381  
 Hertendeen R E 15  
 Hertler A E 98 109  
 Heyerdahl S A 346  
 Hey Groves E W 230  
 Heyman J 292  
 Hubbs R A 230  
 Hicks J A B 200  
 Higgins C C 105  
 Higgins T T 423  
 Higgins W H 266  
 Hill J H 51  
 Hanman F 49 210 220  
 203 381  
 Holbauer J 467  
 Hofstaetter R 203  
 Hoffelder H 59  
 Holloway T B 260  
 Holman E 446  
 Holmes C K 215  
 Holzknecht G 367  
 Homans J 30  
 Horder Sir T 57  
 Horton J B 434  
 Horsley J S 21  
 Huddy G P B 476  
 Huebener H 367  
 Hundley J M Jr 474  
 Hunner G L 475  
 Hunt F L 404  
 Hunt V C 478  
 Hunsinger M E 196 282  
 Hurst A F 21 110 193 194  
 276  
 Hurst E W 354  
 Hutchins E H 263  
 Hyman A 43  
 Hyman H T 264  
 Irving F C 377  
 Ischiyama F 460  
 Ivana F 286  
 Jachia 480  
 Jackson A S 265  
 Jackson C S 16 188 364  
 447  
 Jadaassohn W 407  
 Jenkins G J 434  
 Joannides M 215  
 Johnson F M 180 500  
 Joly J S 219  
 Jones C E M 142  
 Jones D F 116  
 Jones I H 90 434  
 Jones Sr R 225  
 Jones R W 459  
 Jones S G 124  
 Judd F S 28 43 71  
 Just E 351  
 Kakuschkin V M 36  
 Kammer G 520  
 Kantor J L 190  
 Kappis M 215  
 Karsner H T 191  
 Katz H 216  
 Kavacs F 118  
 Keene F E 1 6 101  
 Keller R 39  
 Kennedy C 106  
 Kerley P 105  
 Kerr W J 26  
 Kessel L 264  
 Key J A 358 41  
 Khan W A 310  
 Kild F 210 321  
 Kilbaue E F 47  
 Kilgore A M 361  
 Kimball O P 133  
 Klein E 450  
 Kline B S 271  
 Klineinstein P 397  
 Knapp R L 223  
 Knapp A 349  
 Knebel R 471  
 Knight M S 180  
 Knudsen V O 9 411  
 Koll I S 380  
 Kolodny A 223 358  
 Kopf E W 319  
 Kopyloff G 367  
 Kronus A 267  
 Krumbhaar E B 372  
 Kutscha-Lusberg E 455  
 Kutmann A 4 49 110  
 Kynoch J A 294  
 Ladwig 10  
 Laeven A 457  
 Lafourcade J 114  
 Lahay F H 99 41 437  
 Lake R 95  
 Lamache A 131  
 Lambotte A 53  
 Lance 134  
 Landivar R 211  
 Lattes L 492  
 Layton T B 350  
 Leahy M 219  
 Lecomte H 202  
 Le Count E R 267  
 Lecoutur R 102  
 Leddy E T 142  
 Le Dentu 186  
 Lee B J 15 362  
 Lee W E 6  
 Lehmann H 433  
 Le Loner 49  
 Lemere H B 263  
 Lemon W S 271  
 Lenk R 367  
 Leonard R D 229  
 Leonard V 387 474  
 Lepoutre C 125  
 Lepper, E 220  
 Le Rastle H 377  
 Leucuta T 107  
 Leveuf J 28  
 Levin S 184  
 Levinasohn G 8  
 LeWald L T 193

- Lewis B 472  
 Lewisohn R 276  
 Liebman C 106  
 Liehenthal H 364  
 Lillie H I 96  
 Lillie W I 96  
 Lumberg A 263  
 Lundberg W 106  
 Lasser H 185  
 Latchfield L 372  
 Little E M 311  
 Lau J H 109  
 Lavermore G R 475  
 Lloyd N L 194  
 Logan A H 280 458  
 Lombard 200  
 Loura H W 11  
 Love J K 261 434  
 Lower W E 195 38  
 Lowley O S 128  
 Lukens R M 15  
 Lund F B 109  
 Lundy J S 315  
 Lyon B B V 196  
  
 MacAuley H F 303  
 MacKenzie D W 117  
 Mackenzie G W 434  
 MacKinnon A P 306  
 MacLaurie A S 268 296  
 MacLay N 434  
 Maclean N J 265  
 MacMillan A S 443  
 Maes U 23  
 Magath T B 300  
 Magnotot A 181  
 Mallet Guy P 443  
 Mann F C 193 459  
 Mann I C 95  
 Marnell F 27  
 Maron 216  
 Maron G 217  
 Marquis J W 188  
 Marquis W J 273  
 Martin C E 312  
 Mart H 366  
 Marxer O A 457  
 Masson J C 117  
 Mathé C P 303  
 Mattick W 317  
 Matusovszky D A 40  
 Maybury B C 221  
 Mayo C H 501  
 Mayo W J 25  
 Mazzanti C 451  
 McArthur L L 300  
 McCafferty L H 279  
 McCarthy C L 229  
 McClure C W 196 282  
 McCreery J A 193  
 McDonagh J L R 120  
 McKinnick L S 116  
 McMurtry S O 94  
 McNeill R J 23  
 McVicar C S 24 197  
 McWhorter G L 53 115  
 Melville S 16  
 Mendenhall W L 196 282  
 Mercier O 49  
 Merritt E A 190  
  
 Merwarth H F 187  
 Meyer A A 18  
 Meyer K F 404  
 Meyerding H W 389  
 Michaux J 131  
 Miller C J 15 199 463  
 Milligan Sur W 355 434  
 Mills H W 233  
 Mingazzini E 479  
 Mitchell E C 97  
 Mistry 211  
 Mixer W J 357  
 Moeller H U 259  
 Moersch H J 494  
 Moiroud P 134  
 Mole R 200  
 Mollison W M 261  
 Monberg A 487  
 Monroe M M 433  
 Montague O C 282  
 Moore A B 273  
 Moore S 311  
 Moore W F 15  
 Moorhead S W 476  
 Morgan J D 499  
 Morn J L 454  
 Mornsey E J 186  
 Morrow H 93  
 Morse H D 271  
 Mosher H P 448  
 Motley F E 443  
 Mouchet A 134  
 Moudan 392  
 Mueller F 368  
 Munro 267  
 Munro J M H 225  
 Mussey R D 469  
 Myerson M C 189  
  
 Nagel G W 110  
 Nager I R 435  
 Neame H 61 349  
 Negus V E 263  
 Neugarten L 379  
 New G B 431  
 Nicolich G 212  
 Nichols B H 382 472  
 Nielsen J M 7  
 Nikotine P 224  
 Nissen R 284 481  
 Nitch C A R 23  
 Noble T P 306  
 Nogues 130  
 Norris C C 290  
  
 Ockerblad N F 297  
 O'Connor R 4  
 O'Connor V J 112  
 Oehlcker F 391  
 Ohlsson I 39  
 Olds W H 112  
 Oliver S 369  
 Ollershaw R 309  
 O'Malley J F 261  
 Opie E L 196  
 Orr H W 222  
 Orr T G 103  
 Osgood R B 215 452  
 Osmond J D 189  
  
 Outerbridge G W 112  
 Owen J E 57  
  
 Paddock R 47  
 Pa...e 206  
 Pansseau 56  
 Palmer A C 118  
 Pannett C A 369  
 Paramore R H 286  
 Pasteau 215  
 Patch F S 124  
 Paterno A 401  
 Patterson R H 394  
 Patton J M 259  
 Peacock A H 300  
 Peck C H 476  
 Pemberton J de J 263  
 Pemberton R 306  
 Pembrey M S 493  
 Penfield W 263  
 Pennington J R 24  
 Perrotti G 445  
 Persson M 211  
 Peters H 203  
 Peterson C A 357  
 Petrin G 369  
 Petta G 133  
 Peycelon R 23  
 Pfeiffer D B 112  
 Philier F M 297  
 Phillips H B 359  
 Phillips J 371  
 Picard J 131  
 Pierson G M 18  
 Pigeaud 40  
 Pincoffs M C 271  
 Piney A 60  
 Pitts A T 403  
 Platt H 443  
 Pohle E A 399  
 Polak J O 121  
 Pollock W B I 9  
 Polsson E 33 450  
 Polya E 411  
 Pooley G H 180 346  
 Portmann U 104  
 Possati A 472  
 Potter J C 459 476  
 Preston M 112  
 Primrose A 112  
 Pujol M G 378  
 Pulford D S 137  
 Purver-Stewart Sur J 269  
 Pyles R H 310  
  
 Quick D 399  
 Quinby W C 124  
  
 Rallo E 262  
 Rand C W 7  
 Rand G 433  
 Rathbun N P 299  
 Rea R L 355  
 Rechtman A M 394  
 Reese A B 260  
 Regard G L 140  
 Regaud C 182  
 Remann S P 276  
 Revillo J M 132  
 Reynolds F E 435  
  
 Rhodes G B 406  
 Ricard A 202  
 Rich E A 132  
 Richards A N 472  
 Richardson C H Jr 295  
 Richey DeW G 49  
 Riehoff W F Jr 264 280  
 Riette A 41  
 Risdon F 345  
 Rittershaus G 207  
 Rivers A B 274  
 Robinson G D 118  
 Roche A E 23  
 Rochet 196 384  
 Rodin F H 347  
 Roedelius E 373  
 Rogers H L 128  
 Rogers R M 433  
 Rogers W A 487  
 Rohde M C 481  
 Rolleston Sir H 225 492  
 Rolnick H C 302  
 Root H F 116  
 Rose E 313  
 Rosenheck C 359  
 Rosenkranz H A 386  
 Rosenthal J J 112  
 Rossier G 207  
 Round H 433  
 Rowlands R P 57 110  
 Rowntree C 23  
 Rowntree L G 24 197  
 Royster H A 33  
 Rubens-Duval H 31  
 Rubin I C 31 289  
 Rugh J T 132  
 Russ S 59  
 Ryan E J 370  
 Ryerson E W 483  
  
 Salinger S 97  
 Salvini P 218  
 Sampson J A 204 291  
 Saposchko A P 360  
 Scaglione S 118  
 Scal J C 265  
 Scherschewsky J W 145  
 Schmitt M B 20  
 Schuckel G 202 206  
 Schlegel A 284  
 Schlossmann H 468  
 Schmied 16  
 Schmitz E F 291  
 Schoenbauer L 269  
 Schreiner B 317  
 Schroeder R 463  
 Schulz R L 126  
 Schumann E A 132  
 Schwarz O H 47  
 Scott S G 21  
 Scott S R 434  
 Scott W J 44  
 Scudder S A 290  
 Sears W G 473  
 Seed L 32  
 Sellheim H 376  
 Sever J W 393  
 Sever C E 229  
 Shallow T A 364  
 Sharpe W 296 357

- Shattuck H F 112 283  
 Shaw I C 51 477  
 Shepardson H C 184  
 Sherren J 275  
 Shipway E 495  
 Shires B 1  
 Shiro A 318  
 Shoemaker A B 297  
 Simons I 475  
 Simpson G C E 108  
 Sinclair D A 385  
 Singer J J 364  
 Sington H 403  
 Siredey A 36  
 Skilleen R H 361  
 Smith A T 367  
 Smith C 97  
 Smith G G 297  
 Smith H F 372  
 Smith S M 268  
 Smith Petersen M N 487  
 Sneed W L 394  
 Snell A C 8  
 Soimaru A 289  
 Sosman M C 290 310 491  
 Spalding A B 183  
 Spencer H R 36  
 Spicer W T H 9  
 Spindler 208  
 Spiro A 461  
 Spriggs E I 276 457  
 Spring R H A 30  
 Stacy L J 117  
 Starlinger F 446  
 Starr C L 57  
 Starr F N G 113  
 Stefansson J 8  
 Stern O J 436  
 Steindler A 131  
 Stellwagen T C 306  
 Stenstrom W 317  
 Sterling S B  
 Stetten DeW 439  
 Stevens A R 304  
 Stevens G W 230  
 Stevens J T 459  
 Stewart D A 363  
 Stewart J E 359 6  
 Stewart M J 276 484  
 Stewart W H 30  
 St George A V 314  
 Stirling W C 123  
 Stoeckel W 470  
 Stolper L 468  
 Stooker R 187  
 Strachan G I 287  
 Strassmann P 216  
 Strauss A A 313  
 Strauss I 441  
 Streit G 407  
 Stricker P 192  
 Struthers J W 484  
 Stulz E 201  
 Studeck P 352  
 Summers J F 114  
 Sutton A C 261  
 Swalm W A 196  
 Swan R H J 300  
 Syms P 129  
 Tannenbaum N E 362  
 Tapia A G 440  
 Taussig L 98  
 Taylor Sir W 278  
 Tchurkin N 226  
 Terracol J 13  
 Terry W I 183  
 Thacker V J 438  
 Thalheimer W 139  
 Thearle W H 105  
 Thevenot 196 334  
 Thomas G J 333  
 Thomas T T 231  
 Thomson M J 263  
 Thomson Walker J 220  
 Thorburn O L 437  
 Fiffin C C 265  
 Tiller H 261  
 Tiller R 52  
 Todd A T 314  
 Towne E B 442  
 Traquair H M 13  
 Traut H F 314 402  
 Truchot P 210  
 Trusler H M 57  
 Tucker G 15 440  
 Tuffier T 204  
 Turner A 435  
 Turner H 228  
 Vallois 39  
 Van Buren G H 319  
 Van Dessel A 482  
 Van Hook W 108  
 Van Lier 140  
 Van Wyck H B 468  
 Velo C A 55  
 Verbrugge J 193  
 Verliac 48  
 Viner N 94  
 Vogt E C 491  
 Vogt M E 290  
 Von Friedrich L 18  
 Von Lackum H L 230  
 Vorkastner W 227  
 Vorn 40  
 Vulpius 51  
 Wagers A J 96  
 Weisskopf S 453  
 Werschinski A 398  
 Wernbler F 312  
 Wertheimer F 14  
 Wesson M B 50 471  
 Westman A 137  
 Wheeler Sir W I del  
 135 276  
 Wherry W B 260  
 Whitaker L R 269 1  
 White L E 96 433  
 Whiting M H 340  
 Whittemore W 105  
 Wilhelm S F 353  
 Wilhelm C M 438  
 Wilkie D P D 278  
 Wilcox E 108  
 Wilcox Sir W 215  
 Wilkms C 224  
 Willett J A 120  
 Williams J T 294  
 Williams U 21  
 Williamson G S 437  
 Williamson H C 470  
 Williamson Noble F A  
 Wilson P D 52  
 Wuchnewsky A W 21  
 Wolfer J A 401  
 Wolff E 261  
 Young H H 477  
 Zangemeister W 96  
 Zemsky J L 345  
 Zeno A 14  
 Zimmer A 495  
 Zimmermann E L 263

